

BRACHIAL PLEXUS 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. Which nerve innervates Latissimus Dorsi?**
 - A. Thoracodorsal nerve
 - B. Upper subscapular nerve
 - C. Lower subscapular nerve
 - D. Axillary nerve
- 2. Which of the following is NOT innervated by the median nerve?**
 - A. Pronator Teres
 - B. Flexor Carpi Ulnaris
 - C. Palmaris Longus
 - D. Flexor Digitorum Profundus (lateral half)
- 3. Which nerve has root contributions of C8-T1?**
 - A. Ulnar nerve
 - B. Radial nerve
 - C. Median nerve
 - D. Musculocutaneous nerve
- 4. Which skin area is innervated by the sensory fibers of the axillary nerve?**
 - A. The dorsolateral forearm
 - B. The lateral arm skin over the deltoid
 - C. The web space between the thumb and index finger, dorsally
 - D. The palm of the hand
- 5. What spinal nerves contribute to the upper subscapular nerve?**
 - A. C5 only
 - B. C7, C8
 - C. C5, C6
 - D. C4, C5
- 6. Which two muscles are innervated by the axillary nerve?**
 - A. Deltoid and teres minor
 - B. Supraspinatus and infraspinatus
 - C. Biceps and brachialis
 - D. Trapezius and levator scapulae

7. Which muscles are innervated by the ulnar nerve?

- A. The hypothenar group: abductor digiti minimi, flexor digiti minimi, opponens digiti minimi; flexor carpi ulnaris; 1/2 of flexor digitorum profundus; interosseus muscles; 1/2 lumbricals
- B. Thenar muscles and lateral lumbricals
- C. Flexor carpi radialis and flexor digitorum superficialis
- D. Brachioradialis and extensor carpi ulnaris

8. Which is a classic cause of Saturday night palsy?

- A. Chronic carpal tunnel
- B. Prolonged compression from sleeping with arm over chair
- C. Proximal humeral fracture
- D. Ulnar nerve compression at elbow

9. Which muscle is innervated by the Lateral Pectoral Nerve?

- A. Deltoid
- B. Latissimus Dorsi
- C. Pectoralis Major (some Minor)
- D. Biceps Brachii

10. What electrodiagnostic findings are typical in brachial plexus injuries?

- A. EMG/NCS showing reduced conduction and denervation potentials with decreased CMAP amplitudes and fibrillation potentials
- B. EMG/NCS showing increased conduction with no denervation potentials
- C. Imaging findings show nerve continuity on MRI
- D. Blood tests show elevated CK

Answers

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

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Explanations

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1. Which nerve innervates Latissimus Dorsi?

- A. Thoracodorsal nerve
- B. Upper subscapular nerve**
- C. Lower subscapular nerve
- D. Axillary nerve

Latissimus dorsi is motor-innervated by the thoracodorsal nerve, a branch of the posterior cord of the brachial plexus. This nerve carries fibers from C6 through C8 (with occasional contribution from nearby levels) and travels to reach the latissimus dorsi to provide its motor input. The muscle's actions are to extend, adduct, and medially rotate the arm, which you'll feel when you pull yourself up or perform strokes like swimming; the thoracodorsal nerve is essential for those powerful pulling movements. The other nerves listed don't supply this muscle. Upper and lower subscapular nerves serve the subscapularis and, in the case of the lower subscapular, teres major. The axillary nerve supplies deltoid and teres minor. So the thoracodorsal nerve is the correct innervation for latissimus dorsi.

2. Which of the following is NOT innervated by the median nerve?

- A. Pronator Teres
- B. Flexor Carpi Ulnaris**
- C. Palmaris Longus
- D. Flexor Digitorum Profundus (lateral half)

The main idea is how the forearm flexors are innervated by the nerves. Most flexors in the anterior forearm get input from the median nerve, but there are two notable exceptions: the flexor carpi ulnaris and the medial (ulnar) half of the flexor digitorum profundus are supplied by the ulnar nerve. Among the options, the muscle that is not supplied by the median nerve is the flexor carpi ulnaris. It flexes and adducts the wrist, and its innervation comes from the ulnar nerve. The other muscles listed—pronator teres, palmaris longus, and the lateral half of flexor digitorum profundus—are innervated by the median nerve (with FDP's lateral half receiving median nerve input and the medial half by the ulnar nerve).

3. Which nerve has root contributions of C8-T1?

- A. Ulnar nerve**
- B. Radial nerve
- C. Median nerve
- D. Musculocutaneous nerve

Root levels feeding a peripheral nerve reveal how high or low in the plexus the fibers come from. The ulnar nerve is formed from the medial cord, which carries fibers from the lower trunk, specifically C8 and T1. That makes its primary root contributions C8-T1. In contrast, the radial nerve comes from the posterior cord with roots spanning C5 through T1; the median nerve comes from both the lateral and medial cords, also overall C5 through T1; and the musculocutaneous nerve comes from the lateral cord with roots C5-C7. So, while other nerves may receive some C8-T1 fibers, their overall root sets extend beyond C8-T1, whereas the ulnar nerve is characteristically C8-T1.

4. Which skin area is innervated by the sensory fibers of the axillary nerve?

- A. The dorsolateral forearm
- B. The lateral arm skin over the deltoid**
- C. The web space between the thumb and index finger, dorsally
- D. The palm of the hand

This question tests the sensory territory of the axillary nerve. The axillary nerve provides sensation to the skin over the lateral shoulder via the superior lateral cutaneous nerve of the arm, which covers the deltoid region (the area often called the regimental badge area). That's why the skin over the deltoid is the correct choice—the other regions receive sensation from different nerves: the dorsolateral forearm from the lateral antebrachial cutaneous nerve (a branch of the musculocutaneous nerve), the web space between the thumb and index dorsally from the superficial branch of the radial nerve, and the palm of the hand from branches of the median and ulnar nerves.

5. What spinal nerves contribute to the upper subscapular nerve?

- A. C5 only
- B. C7, C8
- C. C5, C6**
- D. C4, C5

The upper subscapular nerve comes from the posterior cord of the brachial plexus and carries fibers from the C5 and C6 roots. These roots combine to innervate the upper part of the subscapularis muscle, so the contributing spinal nerves are C5 and C6. While some anatomical variation can include a trace of C7, the standard exam answer is C5-C6. Omitting a root (C5 alone) or bringing in roots associated with other nerves (C7-C8 for the thoracodorsal nerve, or including C4 which isn't typical here) would not fit the usual pattern.

6. Which two muscles are innervated by the axillary nerve?

- A. Deltoid and teres minor**
- B. Supraspinatus and infraspinatus
- C. Biceps and brachialis
- D. Trapezius and levator scapulae

The axillary nerve supplies two shoulder muscles: the deltoid and the teres minor. The deltoid is the main muscle for lifting the arm away from the body (abduction) after the initial 15 degrees, while the teres minor helps rotate the arm outward (external rotation). In addition, this nerve provides sensation to the skin over the lateral shoulder. Other muscles listed are innervated by different nerves: supraspinatus and infraspinatus by the suprascapular nerve; biceps brachii and brachialis by the musculocutaneous nerve; trapezius and levator scapulae by the spinal accessory and dorsal scapular nerves.

7. Which muscles are innervated by the ulnar nerve?

- A. The hypothenar group: abductor digiti minimi, flexor digiti minimi, opponens digiti minimi; flexor carpi ulnaris; 1/2 of flexor digitorum profundus; interosseus muscles; 1/2 lumbricals
- B. Thenar muscles and lateral lumbricals
- C. Flexor carpi radialis and flexor digitorum superficialis
- D. Brachioradialis and extensor carpi ulnaris

The ulnar nerve innervates the intrinsic hand muscles responsible for fine finger movements: the hypothenar group (abductor digiti minimi, flexor digiti minimi, and opponens digiti minimi), the interossei, the medial two lumbricals, the flexor digitorum profundus to the 4th and 5th digits, and the flexor carpi ulnaris. That combination is exactly what the correct option lists, capturing the muscles that receive ulnar nerve supply. The other choices involve muscles mainly supplied by the median nerve (the thenar muscles, the lateral two lumbricals, and FDS/FCR) or the radial nerve (brachioradialis and extensor carpi ulnaris), which is why they aren't correct.

8. Which is a classic cause of Saturday night palsy?

- A. Chronic carpal tunnel
- B. Prolonged compression from sleeping with arm over chair
- C. Proximal humeral fracture
- D. Ulnar nerve compression at elbow

Radial nerve compression from a prolonged, awkward posture is the classic cause of Saturday night palsy. When the arm rests with the nerve pressed in the spiral groove, the downward pressure over time disrupts nerve signaling and blood flow, leading to weakness in wrist and finger extension—wrist drop—and sometimes numbness on the back of the hand. This fits the scenario of sleeping with the arm draped over a chair, which is the typical setup described by the name. Chronic carpal tunnel would involve the median nerve at the wrist, causing thumb and thenar symptoms, not a wrist drop. A proximal humeral fracture can injure the axillary nerve, leading to shoulder abduction weakness, not radial palsy. Ulnar nerve compression at the elbow would produce numbness and weakness in the ring and little fingers and intrinsic hand problems, not wrist extension deficit.

9. Which muscle is innervated by the Lateral Pectoral Nerve?

- A. Deltoid
- B. Latissimus Dorsi
- C. Pectoralis Major (some Minor)
- D. Biceps Brachii

The lateral pectoral nerve mainly supplies the pectoralis major. It comes from the lateral cord of the brachial plexus (C5–C7) and travels to the chest, piercing the clavipectoral fascia to reach pectoralis major, especially its clavicular head. That strong association with pectoralis major is why this nerve is described as innervating that muscle. In some anatomical variations, there can be a small contribution to pectoralis minor via communicating fibers, which is why the option that mentions pectoralis major with some minor is used. The other muscles listed are controlled by different nerves—deltoid by the axillary nerve, latissimus dorsi by the thoracodorsal nerve, and biceps brachii by the musculocutaneous nerve—so they aren't innervated by the lateral pectoral nerve.

10. What electrodiagnostic findings are typical in brachial plexus injuries?

- A. EMG/NCS showing reduced conduction and denervation potentials with decreased CMAP amplitudes and fibrillation potentials**
- B. EMG/NCS showing increased conduction with no denervation potentials
- C. Imaging findings show nerve continuity on MRI
- D. Blood tests show elevated CK

Electrodiagnostic testing in brachial plexus injuries characteristically shows motor axon loss with denervation in the affected muscles. On EMG, you'll see fibrillation potentials and positive sharp waves indicating active denervation, and the motor unit potentials will be reduced in number with diminished recruitment. On nerve conduction studies, the CMAP amplitudes from muscles innervated by nerves arising from the injured plexus tend to be decreased, reflecting loss of functioning motor axons. The pattern points to axonal injury within the plexus, and as reinnervation occurs over time, motor unit potentials become larger and more polyphasic. Imagery like MRI can show structural details, but the electrodiagnostic hallmark here is the combination of reduced CMAPs and denervation potentials. Elevated CK is not an electrodiagnostic finding and isn't typical of nerve injury, and an increase in conduction with no denervation potentials would suggest demyelination rather than axonal loss.

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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://brachialplexus.examzify.com>

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

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