Certified Hand Therapist (CHT) Practice Exam (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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. What is the purpose of the Bunnell test in hand therapy?

A. To assess grip strength

B. To evaluate the wrist range of motion

C. To assess the extensor mechanism of the thumb

D. To measure the sensation in the fingers

2. During a physical examination for wrist pain, what finding is most indicative of lateral epicondylitis?

A. Anterior wrist swelling

B. Palmar tenderness

C. Pain with wrist supination

D. Pain with lateral elbow palpation

3. Name a functional outcome measure used in hand therapy.

A. The Michigan Hand Outcomes Questionnaire (MHQ)

B. The Ottawa Hand Assessment Tool (OHAT)

C. The QuickDASH (Disabilities of the Arm, Shoulder and Hand)

D. The Disabilities of the Arm Score (DAS)

4. How can edema influence outcomes in hand therapy?

A. It can improve range of motion

B. It has no impact on therapy outcomes

C. It may limit motion and lead to pain or discomfort

D. It promotes healing

5. What type of orthosis is recommended during sleep after Dupuytren's surgery?

A. Full hand immobilization splint

B. Wrist circumferential splint

C. Volar finger orthosis

D. Functional hand orthosis

6. What rehabilitation technique is particularly effective for patients with adhesive capsulitis?

- **A. Weight training exercises**
- **B. Mobilization techniques combined with stretching exercises**
- **C. Aquatic therapy**
- **D. Passive range of motion alone**

7. What is distinctive about Eaton classification type 4 for sprain/dislocations?

- **A. Complete dislocation without fractures**
- **B. Avulsion of less than 40% of the articular surface**
- **C. Fracture or impaction of the articular surface of more than 40%**
- **D. Dorsal dislocation without ligamental involvement**

8. What are the hallmark symptoms of De Quervain's tenosynovitis?

- **A. Numbness and tingling in the fingers**
- **B. Pain and swelling near the base of the thumb**
- **C. Weakness in wrist extension**
- **D. Stiffness in the hand after immobilization**

9. Frostbite is primarily described as:

- **A. The formation of tissue swelling due to cold exposure**
- **B. The freezing of tissues leading to injury or death**
- **C. A superficial skin condition caused by cold**
- **D. The sensation of coldness and pain in the extremities**

10. What condition can be indicated by limited motion on both the DIP and PIP during the oblique retinacular ligament test?

- **A. Extrinsic tendon tightness**
- **B. Intrinsic tightness**
- **C. Joint contracture**
- **D. Tendon rupture**

Answers

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

Explanations

1. What is the purpose of the Bunnell test in hand therapy?

A. To assess grip strength

B. To evaluate the wrist range of motion

C. To assess the extensor mechanism of the thumb

D. To measure the sensation in the fingers

The Bunnell test is specifically designed to assess the extensor mechanism of the thumb, particularly evaluating the ability of the digital extensors to extend the fingers at the metacarpophalangeal (MCP) joints. This test involves holding one finger in flexion while the other fingers are extended, allowing therapists to determine whether the extensor tendons are functioning properly and whether there's any disruption in tendons or potential contractures affecting finger extension. The focus on the extensor mechanism is crucial in hand therapy, especially after injuries or conditions that may impact the integrity of these tendons. By isolating the movements and observing the resulting actions, therapists can gather valuable information regarding possible impairments within the extensor mechanism, guiding further assessment or rehabilitation strategies. The other options relate to different aspects of hand and wrist function. Assessing grip strength involves different measures that focus on the overall power and control of the hand, while evaluating wrist range of motion and measuring sensation involve distinct tests that target joint movement and sensory function, respectively. Each of these assessments serves its unique purpose, but they do not specifically isolate the evaluation of the thumb's extensor mechanism like the Bunnell test does.

2. During a physical examination for wrist pain, what finding is most indicative of lateral epicondylitis?

A. Anterior wrist swelling

B. Palmar tenderness

C. Pain with wrist supination

D. Pain with lateral elbow palpation

The finding that is most indicative of lateral epicondylitis is pain with lateral elbow palpation. Lateral epicondylitis, commonly known as tennis elbow, is characterized by pain and tenderness located on the outer part of the elbow. This condition arises due to overuse or strain on the extensor muscles and tendons of the forearm, which attach to the lateral epicondyle of the humerus. When a clinician palpates the lateral aspect of the elbow, the presence of pain is a strong indicator of inflammation or irritation in the tendons connected to the lateral epicondyle. This tenderness is a hallmark symptom for diagnosing lateral epicondylitis. In contrast, other findings such as anterior wrist swelling or palmar tenderness do not specifically correlate with lateral epicondylitis. Pain with wrist supination may occur with various wrist injuries or conditions and is not exclusively tied to lateral epicondylitis. Thus, while these symptoms could indicate other issues, they are not definitive for this specific condition.

3. Name a functional outcome measure used in hand therapy.

A. The Michigan Hand Outcomes Questionnaire (MHQ)

B. The Ottawa Hand Assessment Tool (OHAT)

C. The QuickDASH (Disabilities of the Arm, Shoulder and Hand)

D. The Disabilities of the Arm Score (DAS)

The Michigan Hand Outcomes Questionnaire (MHQ) is a comprehensive tool specifically designed to assess the outcomes of hand surgery and therapy. It evaluates various aspects of hand function, including patient perceptions of symptoms, function, and overall satisfaction with hand appearance and performance. The MHQ addresses multiple domains related to hand health, such as work, social participation, and activities of daily living, making it particularly useful in hand therapy settings for measuring the effectiveness of interventions over time. This tool is favored for its specific focus on the hand and its ability to capture the patient's perspective on recovery, which is critical in hand therapy. Its use can guide clinical decisions and help practitioners tailor rehabilitation protocols to meet individual patient needs effectively. While other options also represent valid outcome measures in hand therapy, the MHQ is unique in its comprehensive approach to measuring various domains specific to hand function and patient-reported outcomes, thereby making it an excellent choice for this context.

4. How can edema influence outcomes in hand therapy?

A. It can improve range of motion

B. It has no impact on therapy outcomes

C. It may limit motion and lead to pain or discomfort

D. It promotes healing

Edema, or swelling caused by fluid accumulation in the tissues, can significantly impact outcomes in hand therapy. When edema is present, it can restrict the normal motion of joints, limiting the range of motion and function in the affected areas. This restriction can lead to compensatory movements, which may contribute to discomfort or pain during rehabilitation activities. Furthermore, the presence of edema can slow down the healing process, making it more challenging for patients to regain full function of their hand or fingers. Effective hand therapy often involves managing and reducing edema through techniques like elevation, compression, and specific therapeutic exercises aimed at enhancing circulation and lymphatic drainage. By addressing edema, therapists can improve mobility, reduce pain, and facilitate better functional outcomes for the patient.

5. What type of orthosis is recommended during sleep after Dupuytren's surgery?

A. Full hand immobilization splint

B. Wrist circumferential splint

C. Volar finger orthosis

D. Functional hand orthosis

After Dupuytren's surgery, a volar finger orthosis is commonly recommended during sleep to support the healing process and maintain proper finger positioning. This type of orthosis allows for the fingers to be positioned in slight extension, which is crucial to prevent excessive flexion and potential contracture recurrence that may occur post-operatively. The distal positioning helps in facilitating optimal healing and minimizing the risk of complications by keeping the fingers functional and aligned. In the context of Dupuytren's release, other types of orthoses such as full hand immobilization splints might restrict movement excessively, potentially leading to stiffness and further complications. Wrist circumferential splints provide support to the wrist but may not adequately address the specific need for maintaining finger extension. Functional hand orthoses are typically used for rehabilitation phases post-surgery, focusing on promoting function and stability rather than the initial protective positioning needed during sleep right after surgery. Therefore, the volar finger orthosis is the most appropriate choice for ensuring the best environment for recovery following Dupuytren's surgery.

6. What rehabilitation technique is particularly effective for patients with adhesive capsulitis?

A. Weight training exercises

B. Mobilization techniques combined with stretching exercises

C. Aquatic therapy

D. Passive range of motion alone

Mobilization techniques combined with stretching exercises are particularly effective for patients with adhesive capsulitis, also known as frozen shoulder. This condition is characterized by stiffness and pain in the shoulder joint due to inflammation and thickening of the joint capsule. The rationale behind using mobilization techniques is that they help restore the normal range of motion in the shoulder by addressing both the joint and the surrounding soft tissue. Mobilization helps to reintroduce movement into the joint, which can be restricted due to the adhesions formed during the inflammatory process. When combined with stretching exercises, this approach facilitates improved flexibility and function. The stretching exercises specifically target the surrounding musculature and the capsule itself, promoting elasticity and reducing tightness. This comprehensive technique addresses both the structural and functional impairments associated with adhesive capsulitis, making it a more effective choice than isolated methods. Other techniques, like weight training, passive range of motion, or aquatic therapy, may not specifically provide the necessary focus on mobilization and targeted stretching that is crucial for overcoming the stiffness and restoring function in this particular condition.

7. What is distinctive about Eaton classification type 4 for sprain/dislocations?

A. Complete dislocation without fractures

B. Avulsion of less than 40% of the articular surface

C. Fracture or impaction of the articular surface of more than 40%

D. Dorsal dislocation without ligamental involvement

Eaton classification type 4 is characterized by the presence of a fracture or impaction of the articular surface that affects more than 40%. This classification is used to categorize the severity and implications of injuries related to the carpometacarpal joint, particularly the thumb. The inclusion of a substantial injury to the articular surface indicates a significant disruption to the joint's integrity, which often necessitates a more involved therapeutic approach and may include surgical intervention. Understanding this classification can help clinicians determine the appropriate treatment options and rehabilitation protocols, especially since injuries of this nature can lead to chronic pain and dysfunction if not managed correctly. The other classifications in the Eaton system correspond to different injury mechanisms and severity levels, emphasizing the importance of distinguishing between them to ensure the best outcomes for patients.

8. What are the hallmark symptoms of De Quervain's tenosynovitis?

A. Numbness and tingling in the fingers

B. Pain and swelling near the base of the thumb

C. Weakness in wrist extension

D. Stiffness in the hand after immobilization

The hallmark symptoms of De Quervain's tenosynovitis include pain and swelling near the base of the thumb. This condition specifically affects the tendons that control thumb movement and is characterized by inflammation of the tendon sheath. Patients typically report pain along the radial aspect of the wrist that can radiate into the thumb and forearm, especially during activities involving gripping or pinching. Swelling in this region may also be noticeable, adding to the discomfort. The pain often worsens with movement, making it difficult to perform daily tasks that require thumb usage. In contrast, while numbness and tingling in the fingers, weakness in wrist extension, and stiffness after immobilization may indicate other conditions or injuries, they do not accurately represent the primary symptoms associated with De Quervain's tenosynovitis. The specificity of pain and swelling at the base of the thumb is essential for diagnosis and differentiation from other pathologies.

9. Frostbite is primarily described as:

A. The formation of tissue swelling due to cold exposure

B. The freezing of tissues leading to injury or death

C. A superficial skin condition caused by cold

D. The sensation of coldness and pain in the extremities

Frostbite is primarily characterized by the freezing of tissues, which can lead to cellular injury or even tissue death if exposure to extreme cold is prolonged or severe. When tissues freeze, ice crystals can form within the cells, disrupting their structure and function. This process can result in damage to the skin, muscles, and underlying tissues. The severity of frostbite is graded from superficial to deep, where superficial frostbite affects the outer layers of skin, while deep frostbite involves complete tissue loss, often necessitating surgical intervention. Understanding this process is crucial for recognizing the signs and symptoms of frostbite and providing appropriate treatment to prevent further injury.

10. What condition can be indicated by limited motion on both the DIP and PIP during the oblique retinacular ligament test?

A. Extrinsic tendon tightness

B. Intrinsic tightness

C. Joint contracture

D. Tendon rupture

Limited motion at both the distal interphalangeal (DIP) and proximal interphalangeal (PIP) joints during the oblique retinacular ligament test typically suggests a joint contracture. This test assesses the function of the oblique retinacular ligament, which connects the PIP joint to the DIP joint, thereby influencing their motion relative to each other. When a joint contracture is present, the ability to flex either joint is restricted, impacting the overall range of motion in the finger. The simultaneous limitation at both joints indicates a problem intrinsic to the joint itself rather than being primarily caused by extrinsic factors like tendon tightness or ruptures. Joint contractures can occur due to various reasons, including prolonged immobilization, adhesions from past injuries, or conditions like arthritis. In contrast, while intrinsic or extrinsic tendon tightness affects finger motion, each condition presents unique patterns in motion that do not consistently limit both joints. For instance, extrinsic tendon tightness typically limits the PIP motion more than that at the DIP joint. Similarly, tendon rupture would lead to specific motion deficits that may not equally restrict both joints at the same time. Recognizing joint contractures as the primary concern when observing limitations at both the DIP and

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://certifiedhandtherapist.examzify.com

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