

# 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. 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. Paradoxical extension occurs when what action is performed?**
  - A. Making a fist and experiencing finger extension**
  - B. Extending the fingers with resistance at the wrist**
  - C. Flexing at the PIP while attempting to make a fist**
  - D. Opening the hand rapidly**
  
- 2. What does the oblique retinacular ligament connect?**
  - A. Lateral bands and the volar plate**
  - B. Lateral bands and the triangular ligament**
  - C. Lateral bands and the middle phalanx**
  - D. Lateral bands and the distal phalanx**
  
- 3. Which ligament serves as the primary stabilizer of the thumb CMC joint anteriorly?**
  - A. Transverse retinacular ligament**
  - B. Oblique retinacular ligament**
  - C. Oblique beak ligament**
  - D. Triangular ligament**
  
- 4. Which assessment is important for evaluating peripheral nerves in hand therapy?**
  - A. Visual acuity test**
  - B. Two-point discrimination test**
  - C. Muscle strength test**
  - D. Digital temperature test**
  
- 5. What type of splint is recommended for radial nerve palsy?**
  - A. Static night splint**
  - B. Wrist-drop splint**
  - C. Cock-up splint**
  - D. Side-lying splint**

**6. How does the CHT assess the effectiveness of interventions?**

- A. By personal judgment alone**
- B. Through regular re-evaluations**
- C. Using patient surveys exclusively**
- D. By comparing treatment costs**

**7. What is a common sign of lateral epicondylitis during physical examination?**

- A. Pain with resisted wrist flexion**
- B. Pain with resisted wrist extension**
- C. Swelling around the elbow**
- D. Reduced grip strength**

**8. Which therapeutic modality is specifically used for pain relief through deep tissue heating?**

- A. Cryotherapy**
- B. Ultrasound therapy**
- C. Electrical stimulation**
- D. Manual therapy**

**9. What type of hand fractures make up 50-60% of all hand fractures?**

- A. Phalangeal fractures**
- B. Metacarpal fractures**
- C. Scaphoid fractures**
- D. Proximal phalanx fractures**

**10. What is the recommended approach for documenting the results of active range of motion tests?**

- A. Using subjective terms to describe pain**
- B. Documenting exact degrees of motion**
- C. Employing a visual scale**
- D. Recording only the worst measurement**

## **Answers**

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

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## **Explanations**

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**1. Paradoxical extension occurs when what action is performed?**

- A. Making a fist and experiencing finger extension**
- B. Extending the fingers with resistance at the wrist**
- C. Flexing at the PIP while attempting to make a fist**
- D. Opening the hand rapidly**

Paradoxical extension refers to a phenomenon where an action intended to promote flexion of the fingers instead results in unintended extension. This typically occurs due to the complex interplay of musculotendinous and neural control over the hand's muscles and joints. In the case of making a fist, the expectation is that the fingers should flex; however, due to issues such as nerve injuries or muscle imbalances, the fingers may instead extend. This can happen when the intrinsic muscles of the hand are compromised, causing the extrinsic extensors to dominate the movement when an attempt is made to flex. Such a scenario can be observed in certain pathologies or conditions affecting hand function. The other options presented involve actions that either do not specifically result in paradoxical extension or do not align with the physiological principles governing this particular phenomenon.

**2. What does the oblique retinacular ligament connect?**

- A. Lateral bands and the volar plate**
- B. Lateral bands and the triangular ligament**
- C. Lateral bands and the middle phalanx**
- D. Lateral bands and the distal phalanx**

The oblique retinacular ligament is a significant structure in the anatomy of the finger. It primarily connects the lateral bands, which are part of the extensor mechanism, to the volar plate, which is a fibrocartilaginous structure at the base of the proximal phalanx. This ligament plays a crucial role in the coordination of finger movement, particularly in facilitating the extension of the distal phalanx while simultaneously allowing for flexion at the proximal interphalangeal joint (PIP). By connecting these two structures, the oblique retinacular ligament helps in stabilizing and efficiently transferring forces during hand movements. The relationship between the lateral bands and the volar plate is essential for proper finger function, especially during grasp and manipulation tasks.

**3. Which ligament serves as the primary stabilizer of the thumb CMC joint anteriorly?**

- A. Transverse retinacular ligament**
- B. Oblique retinacular ligament**
- C. Oblique beak ligament**
- D. Triangular ligament**

The oblique beak ligament is recognized as the primary stabilizer of the thumb carpometacarpal (CMC) joint anteriorly. This ligament functions to provide stability to this joint, which is crucial for the thumb's unique range of motion and its ability to grip and pinch. The oblique beak ligament arises from the tubercle of the trapezium bone and extends to the base of the first metacarpal, forming a critical structure that reinforces the joint capsule. By anchoring the thumb metacarpal to the carpal bones, it helps maintain the integrity of the joint during various thumb movements, particularly during opposition, which is essential for functional activities. In contrast, the other ligaments listed do not play a primary role in stabilizing the anterior aspect of the thumb CMC joint. The transverse retinacular ligament provides support to the distal phalanx and does not directly stabilize the CMC joint. The oblique retinacular ligament primarily functions around the proximal interphalangeal joint, and the triangular ligament refers to a structure in the wrist that does not relate to the stability of the thumb CMC joint. Thus, the oblique beak ligament's specific anatomical position and function clarify its role as

**4. Which assessment is important for evaluating peripheral nerves in hand therapy?**

- A. Visual acuity test**
- B. Two-point discrimination test**
- C. Muscle strength test**
- D. Digital temperature test**

The two-point discrimination test is a critical assessment in evaluating peripheral nerves in hand therapy because it measures the sensory function of the skin and the integrity of the nerve pathways. This test determines the smallest distance at which two points of contact can be perceived as separate stimuli rather than a single point. It is particularly important in assessing the functionality of sensory nerves, such as the median and ulnar nerves, which play key roles in hand sensation. Having the ability to accurately perceive two-point discrimination helps therapists understand the extent of sensory recovery or impairment following injury, surgery, or neurological conditions. It provides essential information about nerve regeneration and can guide therapeutic interventions more effectively. Other assessments, such as visual acuity tests, muscle strength tests, and digital temperature tests, serve distinct purposes but do not specifically measure sensory nerve function as effectively as the two-point discrimination test does. Thus, this assessment is preferable when the focus is on evaluating the peripheral nerves within the context of hand therapy.

## 5. What type of splint is recommended for radial nerve palsy?

- A. Static night splint
- B. Wrist-drop splint**
- C. Cock-up splint
- D. Side-lying splint

The recommended type of splint for radial nerve palsy is specifically designed to address the functional impairments caused by this condition, particularly wrist drop. A wrist-drop splint is intended to support the wrist in a functional position, allowing for improved hand function and protection of the hand from further injury. In radial nerve palsy, the inability to extend the wrist and fingers leads to the characteristic wrist drop, making it challenging for individuals to perform tasks requiring hand use. The wrist-drop splint features a design that maintains the wrist in slight extension, which is essential for the alignment of the hand and for allowing passive extension of the metacarpophalangeal joints. This positioning assists in maintaining muscle length and promoting proper alignment for any potential recovery as the function of the radial nerve is restored. Other types of splints, such as static night splints or cock-up splints, do not provide the specific support needed for the wrist's extension during daily activities and do not adequately address the functional limitations caused by radial nerve palsy. A side-lying splint does not cater specifically to the needs dictated by this condition. Therefore, the wrist-drop splint is the most suitable option for managing the implications of radial nerve palsy.

## 6. How does the CHT assess the effectiveness of interventions?

- A. By personal judgment alone
- B. Through regular re-evaluations**
- C. Using patient surveys exclusively
- D. By comparing treatment costs

The effectiveness of interventions in hand therapy is assessed through regular re-evaluations. This process allows the Certified Hand Therapist (CHT) to systematically evaluate the patient's progress and response to treatment over time. Regular assessments give insight into whether the goals set for the patient are being met and help in making necessary adjustments to the treatment plan. This approach is grounded in evidence-based practice and ensures that therapy remains relevant to the patient's evolving condition. While personal judgment, patient surveys, and treatment costs may provide some insights into treatment effectiveness, they lack the comprehensive nature that regular re-evaluations offer. Personal judgment alone can introduce bias, and patient surveys, while useful, do not always capture the clinical nuances. Additionally, treatment costs may be a factor in overall assessment but do not reflect clinical effectiveness or patient outcomes directly. Thus, using regular re-evaluations stands out as the most robust and reliable method for assessing intervention effectiveness in therapy.

**7. What is a common sign of lateral epicondylitis during physical examination?**

- A. Pain with resisted wrist flexion**
- B. Pain with resisted wrist extension**
- C. Swelling around the elbow**
- D. Reduced grip strength**

The common sign of lateral epicondylitis, often referred to as "tennis elbow," during physical examination is pain with resisted wrist extension. This condition results from overuse and strain on the extensor tendons, particularly the extensor carpi radialis brevis muscle, which originates from the lateral epicondyle of the humerus. During the physical examination, when the clinician asks the patient to extend their wrist against resistance, the involved muscles are stressed, and this typically elicits pain localized over the lateral aspect of the elbow. The characteristic pain with resisted wrist extension is a primary indicator of lateral epicondylitis, as it confirms the involvement of the extensor musculature. While other options, such as pain with resisted wrist flexion, may cause discomfort, they are not specific to lateral epicondylitis and often relate to different pathologies involving the flexors. Swelling around the elbow and reduced grip strength can complicate the clinical picture but are not definitive signs specific to lateral epicondylitis compared to the pain experienced during resisted wrist extension.

**8. Which therapeutic modality is specifically used for pain relief through deep tissue heating?**

- A. Cryotherapy**
- B. Ultrasound therapy**
- C. Electrical stimulation**
- D. Manual therapy**

Ultrasound therapy is specifically recognized for its ability to provide deep tissue heating, which can be highly beneficial for pain relief. This modality utilizes sound waves that penetrate the skin and produce thermal effects in the underlying tissues. The heat generated from ultrasound therapy enhances blood flow, promotes tissue relaxation, and can facilitate healing processes by increasing the metabolic rate of the affected area. This thermal effect also aids in reducing muscle spasms and alleviating pain at deeper tissue levels, making it particularly effective in treating various musculoskeletal conditions. Cryotherapy, on the other hand, is used for cooling tissues to reduce swelling and inflammation, not for heating. Electrical stimulation provides analgesic effects and muscle stimulation but does not focus on deep tissue heating. Manual therapy involves hands-on techniques to improve movement and function, but it does not involve the use of heat on a deep tissue level as ultrasound does. Hence, ultrasound therapy stands out as the appropriate choice for achieving pain relief through deep tissue heating.

**9. What type of hand fractures make up 50-60% of all hand fractures?**

- A. Phalangeal fractures**
- B. Metacarpal fractures**
- C. Scaphoid fractures**
- D. Proximal phalanx fractures**

Metacarpal fractures account for a significant proportion of hand fractures, making up 50-60% of all cases. This high prevalence can be attributed to their anatomical location, as the metacarpals are the long bones in the hand that connect the wrist to the fingers. They are often subjected to high forces from direct trauma, such as punching a hard object, which is the most common cause of such fractures. In considering the other options, phalangeal fractures, while common, do not reach the same prevalence as metacarpal fractures. Scaphoid fractures, although frequently discussed in the context of wrist injuries, are relatively less common overall compared to metacarpal fractures. Proximal phalanx fractures do occur, but they also do not reach the same incidence level as those involving the metacarpals. The emphasis on metacarpal fractures reflects their clinical significance in hand injuries, making awareness of these fractures vital for effective assessment and treatment in hand therapy practices.

**10. What is the recommended approach for documenting the results of active range of motion tests?**

- A. Using subjective terms to describe pain**
- B. Documenting exact degrees of motion**
- C. Employing a visual scale**
- D. Recording only the worst measurement**

Documenting exact degrees of motion is essential in a clinical setting for several reasons. It provides an objective measurement that can be quantified and tracked over time, allowing for effective assessment of a patient's progress. When rehabilitation goals are set, these concrete figures facilitate better communication among healthcare providers, as well as with the patient, demonstrating how much improvement has been made or if any declines in function have occurred. Accurate documentation of range of motion, typically measured in degrees using a goniometer, allows the therapist to establish baseline data and refer back to it as treatment progresses. This approach ensures that the therapy is tailored to the patient's specific needs, leading to more effective and targeted interventions. In contrast, using subjective terms to describe pain does not provide clear, measurable information and can vary greatly between patients. Employing a visual scale may help in assessing pain intensity but does not give any functional data regarding the range of motion. Recording only the worst measurement fails to provide a comprehensive view of the patient's range, which is vital for determining appropriate treatment options and adjustments as needed.

# 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](mailto: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!**

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