

CERTIFIED HAND THERAPIST (CHT) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. When does the repair phase of fracture healing typically occur?**
 - A. From day 1 to day 5
 - B. From day 5 to day 21
 - C. From day 21 to 18 months
 - D. From day 0 to day 10
- 2. What condition is characterized by multiple enchondromata accompanied by multiple hemangiomas?**
 - A. Ollier's disease
 - B. Maffucci's syndrome
 - C. Dupuytren's disease
 - D. Bowen's disease
- 3. What is the primary purpose of Allen's test in hand therapy?**
 - A. To evaluate grip strength
 - B. To assess the ulnar and radial arterial supply to the hand
 - C. To measure range of motion in the fingers
 - D. To diagnose carpal tunnel syndrome
- 4. Which nerve is most commonly affected in carpal tunnel syndrome?**
 - A. The ulnar nerve
 - B. The radial nerve
 - C. The median nerve
 - D. The musculocutaneous nerve
- 5. Which symptoms are characteristic of De Quervain's tenosynovitis?**
 - A. Pain on the ulnar side of the wrist
 - B. Pain on the radial side of the wrist
 - C. Pain in the forearm muscles
 - D. Pain specifically in the little finger

- 6. Which of the following characteristics is true about the central slip avulsion injury?**
- A. It usually affects the thumb
 - B. It is commonly associated with PIP joint injuries
 - C. It occurs only in multiple trauma cases
 - D. It primarily impacts the wrist joint
- 7. What is the primary purpose of splinting in hand therapy?**
- A. To increase mobility in affected joints
 - B. To immobilize and protect the hand/forearm and promote healing
 - C. To enhance muscle strength
 - D. To provide cosmetic enhancement
- 8. What happens to the lateral bands during flexion, according to the transverse retinacular ligament's function?**
- A. They are pulled volarly
 - B. They are pulled dorsally
 - C. They are shortened
 - D. They are lengthened
- 9. Which joint is primarily affected in a boutonniere deformity?**
- A. The proximal interphalangeal (PIP) joint
 - B. The distal interphalangeal (DIP) joint
 - C. The metacarpophalangeal (MCP) joint
 - D. The wrist joint
- 10. What does effective task-specific training focus on?**
- A. Generalized physical conditioning
 - B. Improving specific daily functional tasks
 - C. Enhancing cardiovascular fitness
 - D. Learning new sports techniques

Answers

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

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Explanations

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1. When does the repair phase of fracture healing typically occur?

- A. From day 1 to day 5
- B. From day 5 to day 21**
- C. From day 21 to 18 months
- D. From day 0 to day 10

The repair phase of fracture healing typically occurs from day 5 to day 21 after the initial injury. During this critical phase, the body begins to lay down a new bone matrix that replaces the initial soft callus formed in the inflammation phase. Biologically, this phase is characterized by the transformation of the soft callus, primarily made of fibrous tissue and cartilage, into a hard callus that will eventually become bone. This is a pivotal time when osteoblasts, the cells responsible for bone formation, actively proliferate and mineralize the newly formed matrix, leading to increased mechanical stability of the fracture site. Understanding the timing of this phase is essential for rehabilitation and therapeutic interventions. Applying mechanical loading too early can disrupt the healing process, while too much immobilization can hinder bone strength development. Thus, knowledge of the repair phase's time frame is critical in planning effective treatment strategies for patients recovering from fractures.

2. What condition is characterized by multiple enchondromata accompanied by multiple hemangiomas?

- A. Ollier's disease
- B. Maffucci's syndrome**
- C. Dupuytren's disease
- D. Bowen's disease

Maffucci's syndrome is characterized by the presence of multiple enchondromas, which are benign cartilaginous tumors found within the medullary cavity of bones, and it is accompanied by multiple hemangiomas, which are benign vascular tumors. This combination of enchondromas and hemangiomas is distinctive of Maffucci's syndrome and helps in differentiating it from other conditions. In Maffucci's syndrome, there is a genetic component that leads to the development of these tumors, and the occurrence of hemangiomas causes an increased risk of complications such as bleeding or other vascular issues. In contrast, other conditions listed do not share this specific combination. For instance, Ollier's disease primarily involves multiple enchondromas but does not typically feature hemangiomas. Dupuytren's disease primarily affects the connective tissue of the hand and does not include tumors like enchondromas or hemangiomas. Bowen's disease refers to a precancerous skin condition and is unrelated to bone tumors or angiomas. Therefore, the key characteristic that makes Maffucci's syndrome the correct answer is the unique pairing of multiple enchondromas with multiple hemangiomas, distinguishing it clearly from the other listed conditions.

3. What is the primary purpose of Allen's test in hand therapy?

- A. To evaluate grip strength
- B. To assess the ulnar and radial arterial supply to the hand**
- C. To measure range of motion in the fingers
- D. To diagnose carpal tunnel syndrome

The primary purpose of Allen's test in hand therapy is to assess the ulnar and radial arterial supply to the hand. This test is crucial for determining the adequacy of blood flow to the hand, ensuring that there is proper perfusion and that the hand has sufficient arterial supply. During the test, the practitioner observes the color change in the hand after occluding both arteries and then releasing one at a time. This helps in evaluating the integrity and functionality of the hand's blood supply, which is important for surgical planning, especially before procedures like grafts or during any interventions that might affect these arteries. The other options do not accurately reflect the purpose of Allen's test. Evaluating grip strength and measuring range of motion pertains to muscular function and joint mobility, respectively, while diagnosing carpal tunnel syndrome involves specific nerve tests rather than blood flow assessment. Understanding the arterial supply through Allen's test is therefore vital for the comprehensive evaluation of hand function in therapeutic practice.

4. Which nerve is most commonly affected in carpal tunnel syndrome?

- A. The ulnar nerve
- B. The radial nerve
- C. The median nerve**
- D. The musculocutaneous nerve

In cases of carpal tunnel syndrome, the median nerve is the structure most often implicated. The carpal tunnel is a narrow passageway located on the anterior side of the wrist, surrounded by bones and ligaments. The median nerve runs through this tunnel, alongside tendons of muscles that control finger movement. When there is swelling or compression within this tunnel, it can lead to symptoms such as pain, numbness, and tingling in the hand, particularly affecting the thumb, index, middle, and part of the ring fingers. The median nerve primarily innervates these areas, which is why it is specifically affected in carpal tunnel syndrome. Other nerves mentioned in the options have different pathways and functions in the hand. The ulnar nerve primarily affects the ring and little fingers and is located more on the ulnar aspect of the hand, while the radial nerve is involved in wrist extension and sensation on the dorsal side of the forearm and hand. The musculocutaneous nerve primarily innervates muscles of the upper arm and does not contribute to sensory or motor functions in the hand. Thus, the median nerve's unique involvement in controlling sensation and motor function in the areas commonly affected by carpal tunnel syndrome makes it the most affected.

5. Which symptoms are characteristic of De Quervain's tenosynovitis?

- A. Pain on the ulnar side of the wrist
- B. Pain on the radial side of the wrist**
- C. Pain in the forearm muscles
- D. Pain specifically in the little finger

De Quervain's tenosynovitis is characterized by pain on the radial side of the wrist. This condition specifically involves the tendons of the abductor pollicis longus and extensor pollicis brevis, which run along the radial aspect of the wrist and thumb. When these tendons become inflamed, it typically leads to discomfort that radiates along the thumb side of the wrist, making movements such as gripping or pinching particularly painful. Understanding the mechanism of De Quervain's tenosynovitis reinforces why pain is localized to the radial side of the wrist. When inflamed, the synovial sheath surrounding these tendons can cause swelling and irritation, further exacerbating pain during thumb movement and wrist activities. Thus, the presence of pain specifically on the radial side is a key symptom that helps in diagnosing this condition.

6. Which of the following characteristics is true about the central slip avulsion injury?

- A. It usually affects the thumb
- B. It is commonly associated with PIP joint injuries**
- C. It occurs only in multiple trauma cases
- D. It primarily impacts the wrist joint

The central slip avulsion injury is a specific type of injury that involves the extensor tendon at the proximal interphalangeal (PIP) joint. This injury occurs when the central slip, a part of the extensor mechanism, is detached from its insertion on the dorsal surface of the middle phalanx. This injury is significant because it typically leads to an inability to extend the PIP joint, resulting in what is commonly referred to as a "buttonhole" or "lag" deformity. The fact that this injury is associated with PIP joint injuries indicates its importance in understanding how trauma to the finger affects its function. While the injury can occur in various contexts, it is most frequently noted in injuries that involve the PIP joint rather than in the thumb or wrist. The specific anatomy and function of the PIP joint and its extensor mechanism mean that this type of injury often requires targeted therapy and rehabilitation to restore proper extension and functionality to the finger. Understanding the specifics of central slip avulsion injuries is essential for effective diagnosis and treatment in hand therapy, reinforcing the importance of recognizing its typical association with PIP joint injuries.

7. What is the primary purpose of splinting in hand therapy?

- A. To increase mobility in affected joints
- B. To immobilize and protect the hand/forearm and promote healing**
- C. To enhance muscle strength
- D. To provide cosmetic enhancement

The primary purpose of splinting in hand therapy is to immobilize and protect the hand and forearm while promoting healing. This is crucial in managing various conditions such as fractures, tendon injuries, nerve compressions, and postoperative care. By immobilizing the affected area, splints prevent further injury and allow the tissues to heal properly without the strain of movement. This is particularly important in the early stages of recovery when the risk of complications or further damage is high. In many cases, restricting movement helps to alleviate pain and swelling, providing the optimal environment for the healing process. Additionally, splints can be designed to maintain a functional position of the hand, ensuring that when the immobilization is no longer needed, the return to activity can be safely and effectively managed. The other options, while related to hand therapy outcomes, do not encapsulate the primary focus of splinting, which is protective immobilization.

8. What happens to the lateral bands during flexion, according to the transverse retinacular ligament's function?

- A. They are pulled volarly**
- B. They are pulled dorsally
- C. They are shortened
- D. They are lengthened

The lateral bands of the extensor tendon system play a vital role in maintaining the proper alignment and functioning of the fingers during flexion. When flexion occurs, the transverse retinacular ligament helps to stabilize these lateral bands. Its function is to keep the lateral bands in place, which, when flexion takes place, leads to them being pulled volarly—meaning they are drawn towards the palm of the hand. This pulling action is crucial as it allows the tendons to maintain their effective mechanical advantage during finger movements. The involvement of the transverse retinacular ligament in this process ensures that the lateral bands do not fan out away from the center of the fingers but instead are kept appropriately positioned to assist in flexion and extension. This stabilization aids in coordinated motion and prevents aberrant movements of the extensor tendons, which could compromise joint function and stability.

9. Which joint is primarily affected in a boutonniere deformity?

- A. The proximal interphalangeal (PIP) joint**
- B. The distal interphalangeal (DIP) joint
- C. The metacarpophalangeal (MCP) joint
- D. The wrist joint

A boutonniere deformity is primarily characterized by a specific pattern of joint dysfunction affecting the finger, with the proximal interphalangeal (PIP) joint being the primary site of involvement. This deformity occurs when there is a rupture of the central slip of the extensor tendon over the PIP joint, which leads to an inability to extend the joint fully. As a result, the PIP joint assumes a flexed position while the distal interphalangeal (DIP) joint may appear hyperextended due to the imbalance in muscle forces across the finger. In this condition, patients typically present with a posture that involves a flexion deformity at the PIP joint and an extension at the DIP joint, illustrating the characteristic "buttonhole" appearance from which the condition derives its name. Understanding the mechanics and implications of a boutonniere deformity is crucial for effective assessment and treatment, emphasizing the significance of the PIP joint in this situation.

10. What does effective task-specific training focus on?

- A. Generalized physical conditioning
- B. Improving specific daily functional tasks**
- C. Enhancing cardiovascular fitness
- D. Learning new sports techniques

Effective task-specific training concentrates on enhancing an individual's ability to perform specific activities or daily functional tasks. This approach is tailored to meet the unique needs of the patient, targeting the skills required for their particular lifestyle or occupational demands. By focusing on daily tasks, the training becomes more relevant and applicable, facilitating better transfer of skills to real-life situations. For instance, if an individual is recovering from a hand injury and struggles with opening jars, task-specific training would involve exercises and activities designed to improve the dexterity and strength necessary for that specific action. This targeted practice promotes functional independence, allowing individuals to regain their confidence and proficiency in activities that matter most to them. In contrast, generalized physical conditioning might improve overall fitness levels but may not directly translate to enhanced performance in specific daily tasks. Similarly, enhancing cardiovascular fitness and learning new sports techniques are more focused on overall health or athletic performance rather than the functional skills necessary for everyday living.

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!

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