

# CERTIFIED HAND THERAPIST (CHT) PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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<https://certifiedhandtherapist.examzify.com>



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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. What condition describes ulnar hammer syndrome?**
  - A. Compression of the ulnar nerve
  - B. Thrombosis of the ulnar artery
  - C. Dislocation of the ulnar joint
  - D. Tendon rupture associated with ulnar deviation
- 2. How would you define a Grade 2 scar?**
  - A. Fibrous enlargement of a nerve due to repetitive trauma
  - B. Numbness and pallor in fingers
  - C. Inflexible scar with joint limitation and pain
  - D. Non-painful flat scar that is pliable
- 3. What is the primary goal of postoperative hand therapy following a tendon repair?**
  - A. To maintain immobilization for healing
  - B. To increase surgical pain management
  - C. To restore mobility and functionality while protecting the repaired tendon
  - D. To conduct strength training immediately
- 4. What is the goal of a segmental open fasciectomy?**
  - A. To remove the entire tendon
  - B. To perform segmental excision of a longitudinal cord
  - C. To reconstruct the entire digit
  - D. To perform a simple fasciectomy
- 5. What is a grade 1 ligament injury characterized by?**
  - A. Complete disruption of the ligament
  - B. Significant instability
  - C. Damage to individual fibers with no loss of stability
  - D. Partial tear of the ligament
- 6. Which rare tumor is associated with the myelin sheath of a nerve?**
  - A. Xanthoma
  - B. Schwannoma
  - C. Glomus tumor
  - D. Inclusion cyst

- 7. Stemmer's sign is characterized by what clinical finding?**
- A. Pain during passive extension of fingers
  - B. Thickening of skin over the proximal phalanges
  - C. Weakness in thumb opposition
  - D. Decreased range of motion in the wrist
- 8. What ligament helps prevent dorsal subluxation of the metacarpal base?**
- A. Transverse retinacular ligament
  - B. Oblique beak ligament
  - C. Triangular ligament
  - D. Collateral ligament
- 9. What is the main goal of a progressive strengthening program in hand therapy?**
- A. To increase dexterity
  - B. To enhance muscle strength and functional capacity of the hand
  - C. To prevent hand injuries
  - D. To improve grip endurance
- 10. What is the primary focus of tendon rehabilitation following a repair?**
- A. To strengthen muscles
  - B. To promote healing and restore function
  - C. To enhance joint mobility
  - D. To increase muscle bulk



## **Answers**

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

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## **Explanations**

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## 1. What condition describes ulnar hammer syndrome?

- A. Compression of the ulnar nerve
- B. Thrombosis of the ulnar artery**
- C. Dislocation of the ulnar joint
- D. Tendon rupture associated with ulnar deviation

*Ulnar hammer syndrome is characterized by thrombosis of the ulnar artery, typically occurring due to repeated trauma or compression, often as a result of activities that involve hammering or using tools where impact is transferred to the ulnar aspect of the wrist. This condition is akin to an effort-induced compromise of the ulnar artery, leading to reduced blood flow and possible ischemia. Understanding the underlying mechanics, it's clear that the repeated impact or vibration can damage the vessel, and thrombosis may follow as a complication, leading to symptoms such as pain, numbness, or tissue changes due to inadequate blood supply. In contrast, other conditions listed do not align with the definition of ulnar hammer syndrome, as they involve different mechanisms and anatomical structures, such as nerve compression, joint dislocation, or tendon injuries, which are distinct medical issues.*

## 2. How would you define a Grade 2 scar?

- A. Fibrous enlargement of a nerve due to repetitive trauma
- B. Numbness and pallor in fingers
- C. Inflexible scar with joint limitation and pain**
- D. Non-painful flat scar that is pliable

*A Grade 2 scar is characterized by being inflexible, which significantly impacts its surrounding tissues and can lead to joint limitation and pain. Such scars typically result from deeper injuries, such as second-degree burns or surgical incisions, which can affect not just the skin but also deeper structures, including muscle and fascia. The inflexibility of the scar tissue restricts movement and can prevent the normal range of motion in adjacent joints, resulting in pain when the affected area is used. In contrast, the other descriptions do not align with the characteristics of a Grade 2 scar. For instance, a grade that involves numbness and pallor in fingers would relate more to neural issues rather than scarring. Similarly, a non-painful flat scar that is pliable indicates a Grade 1 scar or a more superficial healing process that does not impede flexibility or cause discomfort. The fibrous enlargement of a nerve due to repetitive trauma suggests a different pathological process related to nerve involvement rather than the characteristics of a scar tissue grade.*

### 3. What is the primary goal of postoperative hand therapy following a tendon repair?

- A. To maintain immobilization for healing
- B. To increase surgical pain management
- C. To restore mobility and functionality while protecting the repaired tendon**
- D. To conduct strength training immediately

*The primary goal of postoperative hand therapy following a tendon repair is to restore mobility and functionality while also protecting the repaired tendon. This is crucial because following a tendon repair, preserving the structural integrity of the tendon during the healing process is essential. Gentle, controlled movements and therapeutic interventions help to promote healing while preventing complications such as adhesions or stiffness. Restoring range of motion is vital to ensure that the patient can regain normal hand function, which is often compromised after surgery. This approach involves a balance between mobilization and protection, as excessive stress on the repaired tendon can lead to re-tear or other complications. Therefore, therapy focuses on carefully progressing exercises that promote mobility and increase functionality without jeopardizing the surgical repair. While maintaining immobilization is important during the early phases of healing, the aim eventually shifts towards mobilization. Pain management post-surgery is necessary, but it isn't the primary focus of hand therapy. Strength training would not be an immediate goal, as it typically follows a recovery period where attending to mobility and tendon protection takes precedence.*

### 4. What is the goal of a segmental open fasciectomy?

- A. To remove the entire tendon
- B. To perform segmental excision of a longitudinal cord**
- C. To reconstruct the entire digit
- D. To perform a simple fasciectomy

*The goal of a segmental open fasciectomy is primarily to perform segmental excision of a longitudinal cord. This procedure is often utilized in the management of conditions such as Dupuytren's contracture, where there is the presence of fascial thickening or bands that cause the fingers to flex into a contracted position. During this procedure, the surgeon selectively removes only the affected sections of the palmar fascia, preserving as much surrounding healthy tissue and function as possible. This targeted approach is crucial because it allows for decompression and restoration of normal finger movement without the need for a more extensive surgical intervention, which could lead to further complications and longer recovery times. By focusing on excising only the problematic cords, segmental open fasciectomy strikes a balance between effective treatment of the condition and the preservation of functionality in the affected digits. This understanding reflects the nuanced and conservative strategy employed in hand therapy and reconstruction, highlighting the importance of tailored interventions in achieving optimal patient outcomes.*

## 5. What is a grade 1 ligament injury characterized by?

- A. Complete disruption of the ligament
- B. Significant instability
- C. Damage to individual fibers with no loss of stability**
- D. Partial tear of the ligament

A grade 1 ligament injury is characterized by damage to individual fibers of the ligament while maintaining overall stability. This type of injury is often referred to as a "sprain" and indicates that the ligament has not been completely torn, meaning the ligament's structural integrity remains largely intact. In contrast to more severe injuries, a grade 1 sprain typically entails minimal pain, swelling, and tenderness, allowing for normal function and movement without significant loss of stability in the affected joint. Understanding this classification is important for therapists when designing treatment plans, as it influences rehabilitation strategies and timelines for recovery. Recognizing that a grade 1 injury does not involve significant structural compromise helps in educating clients about their condition and setting appropriate expectations for healing.

## 6. Which rare tumor is associated with the myelin sheath of a nerve?

- A. Xanthoma
- B. Schwannoma**
- C. Glomus tumor
- D. Inclusion cyst

Schwannoma is a tumor that originates from Schwann cells, which are responsible for the formation of the myelin sheath around peripheral nerves. This tumor typically arises on the nerve itself and can occur anywhere along the nerve pathways in the body. These tumors are often characterized by encapsulated structures and can cause symptoms depending on their location, such as pain or neurological deficits due to pressure on the surrounding tissues. The association with the myelin sheath is critical because it highlights the origin of the tumor from the components that protect and insulate nerve fibers. Understanding this connection is essential for recognizing the nature of Schwannomas, their clinical presentation, and the need for appropriate management. In contrast, xanthoma, glomus tumor, and inclusion cysts do not derive from the myelin sheath or involve Schwann cells. Xanthomas are lipid deposits typically associated with various metabolic disorders, glomus tumors arise from the vascular glomus bodies, and inclusion cysts are often remnants of epithelial cells. Therefore, their association with nerve sheaths is unrelated to the pathology observed in Schwannomas.

## 7. Stemmer's sign is characterized by what clinical finding?

- A. Pain during passive extension of fingers
- B. Thickening of skin over the proximal phalanges**
- C. Weakness in thumb opposition
- D. Decreased range of motion in the wrist

Stemmer's sign is primarily characterized by the thickening of skin over the proximal phalanges, which is an important clinical finding associated with lymphedema. This sign is significant because its presence indicates that the edema is the result of lymphatic impairment rather than other causes, such as venous edema. In a clinical setting, when Stemmer's sign is elicited, it shows significant involvement in the lymphatic system, commonly seen in conditions such as lymphedema, and serves as an important diagnostic tool for therapists and healthcare professionals. The other choices reflect symptoms and findings associated with different conditions but do not pertain specifically to Stemmer's sign. For instance, pain during passive extension relates more to potential tendon or nerve issues, while weakness in thumb opposition is often connected to median nerve dysfunction. Decreased range of motion in the wrist may result from various injuries or arthritis but is not indicative of Stemmer's sign. Understanding these distinctions is crucial for accurate diagnosis and treatment planning in hand therapy.

## 8. What ligament helps prevent dorsal subluxation of the metacarpal base?

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

*The oblique beak ligament plays a critical role in preventing dorsal subluxation of the metacarpal base, particularly in the thumb. This ligament creates a stabilizing effect around the carpometacarpal joint, providing support during pinching and gripping activities. Its anatomical position and tension help to maintain the alignment of the metacarpal, thus preventing excessive movement that could lead to dorsal subluxation, which would compromise hand function. In contrast, the other ligaments listed have different functions and areas of focus. The transverse retinacular ligament primarily serves to stabilize the extensor tendons as they cross the proximal interphalangeal joint but does not directly influence the position of the metacarpal base. The triangular ligament, also not directly involved in stabilizing the metacarpal base, is related to the structure of the extensor tendons and their movement. Lastly, the collateral ligaments provide stability to the joints primarily in the frontal plane during finger motion but do not specifically prevent dorsal subluxation at the metacarpal base.*

## 9. What is the main goal of a progressive strengthening program in hand therapy?

- A. To increase dexterity
- B. To enhance muscle strength and functional capacity of the hand**
- C. To prevent hand injuries
- D. To improve grip endurance

*The main goal of a progressive strengthening program in hand therapy is to enhance muscle strength and functional capacity of the hand. This approach is crucial because it systematically increases the resistance or load on the muscles, allowing for greater adaptations and improvements in strength over time. Strengthening the muscles of the hand actively contributes to the overall functionality and performance of the hand in daily tasks, which is a primary focus in hand therapy. While improving dexterity, preventing hand injuries, and enhancing grip endurance are also important aspects of hand therapy, they are typically secondary objectives that can be facilitated by first establishing a solid foundation of muscle strength and functional capacity. By focusing on strength, therapists can ensure that patients have the necessary physical support to perform various tasks, which can indirectly contribute to better dexterity and injury prevention strategies as they progress.*

**10. What is the primary focus of tendon rehabilitation following a repair?**

- A. To strengthen muscles
- B. To promote healing and restore function**
- C. To enhance joint mobility
- D. To increase muscle bulk

*The primary focus of tendon rehabilitation following a repair is to promote healing and restore function. After a tendon repair, the initial phase emphasizes protecting the tendon to ensure proper healing, which is vital to avoid rupture and ensure the integrity of the repair. During this phase, rehabilitation protocols are carefully designed to include controlled mobilization that encourages optimal healing while minimizing stress on the tendon. As rehabilitation progresses, the restoration of function becomes the central focus. This involves regaining range of motion, strength, and overall functional capabilities of the affected limb. The objective is not only to heal the tendon but also to enable the patient to return to activities of daily living and specific tasks that may involve gripping, lifting, or other hand functions. The importance of promoting healing cannot be understated, as a well-healed tendon will ultimately allow for better functional outcomes. Therefore, the rehabilitation program is structured to include progressive exercises that adapt as the tendon heals, ensuring a balance between promoting healing and restoring the functional use of the hand or arm.*



## 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:

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

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