Chiropractic Full Spine Practice Test (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

1. Which listing utilizes inferior lateral PSIS contact?

A. PIIN

B. PI

C. IN

D. PIEX

2. Which factor is directly linked to SI fixation?

A. Ligament adhesions

B. Edema in joint

C. Myospasm

D. Disc degeneration

3. Compound correction addresses which pair of components?

A. Pi/As and In/Ex via torque

B. Sacral rotation and leg length

C. Edema and sacral base

D. In/Ex via torque and leg length

4. The listing with line of drive P-A, I-S is which listing?

A. IN

B. PI

C. AS

D. PIEX

5. During correction of a BP sacrum, which maneuver is used?

A. Push L5 posterior

B. Push sacrum under L5

C. Rotate sacrum

D. Open disc space

6. In these assessments, what is the primary anatomic site implicated in spondylolisthesis?

A. Disc

B. Ligament

C. Pars fracture

D. Facet

7. Life University Full Spine technique classification is?

A. Tonal

B. Sectional/Postural

C. Intersegmental/Segmental

D. Mixed

8. A restriction is described as P-A with S-I only; which listing is most likely?

A. PI

B. IN

C. EX

D. AS

9. Which listing lowers femur head on x-ray after correction?

A. PI

B. EX

C. PIEX

D. AS

10. If the restriction is P-A with L-M only, which listing is most likely?

A. PI

B. IN

C. EX

D. AS

Answers

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

Explanations

1. Which listing utilizes inferior lateral PSIS contact?

A. PIIN

B. PI

C. IN

D. PIEX

In this context, the contact point on the PSIS is chosen to match the direction and location of the correction needed for a specific innominate misalignment. An inferior lateral PSIS contact delivers a thrust from the lower outer portion of the PSIS, which aligns with the corrective vector required to address a posterior-inferior tilt/rotation of the innominate. The PIEX listing is defined to use this exact contact and vector, so selecting the inferior lateral PSIS spot best achieves the intended adjustment. Other listings specify different PSIS contact regions or vectors, which wouldn't provide the correct thrust for this particular pattern.

2. Which factor is directly linked to SI fixation?

A. Ligament adhesions

B. Edema in joint

C. Myospasm

D. Disc degeneration

Ligament adhesions are the direct link to SI fixation. The sacroiliac joint relies on its ligaments to provide stability while allowing only a small amount of glide. When those ligaments become adherent and fibrotic after injury or inflammation, they tether the joint and prevent normal motion, producing fixation. Edema indicates inflammation but doesn't by itself lock the joint. Myospasm can worsen perceived stiffness but isn't the mechanical cause of fixation. Disc degeneration involves spinal discs and not the SI joint itself, so it isn't directly responsible for sacroiliac fixation.

3. Compound correction addresses which pair of components?

A. Pi/As and In/Ex via torque

B. Sacral rotation and leg length

C. Edema and sacral base

D. In/Ex via torque and leg length

Compound correction aims to fix two interconnected aspects of a spinal-pelvic misalignment: the static position of the pelvis (Pi/As) and the rotational influence produced by torque (In/Ex via torque). By addressing both how the pelvis sits and how it twists, this approach achieves a more comprehensive alignment than correcting just one factor. The other options mix in factors like edema or leg length or pair torque with leg length, which don't reflect the two components this method targets.

4. The listing with line of drive P-A, I-S is which listing?

A. IN

B. PI

C. AS

D. PIEX

Understanding line-of-drive listings helps translate thrust direction into a compact code. The two letters encode the path of the adjustment through two axes. The first letter shows posterior versus anterior direction, and the second shows inferior versus superior direction. If the line of drive is P-A and I-S, the thrust goes from posterior toward the anterior and from inferior toward the superior. That combination is Posterior-Inferior, abbreviated PI. So the listing is PI. Other options would correspond to different directional pairs (for example, AS would be anterior-superior), which don't match the given directions.

5. During correction of a BP sacrum, which maneuver is used?

A. Push L5 posterior

B. Push sacrum under L5

C. Rotate sacrum

D. Open disc space

The key idea is aligning the sacrum with the adjacent lumbar vertebra, particularly the L5, to restore proper lumbosacral mechanics. Pushing the sacrum under L5 directly repositions the sacral base so it sits correctly beneath the L5 vertebra, reestablishing a normal relationship at the lumbosacral junction and allowing the pelvis and SI joints to reset. This is the most direct way to correct a BP sacrum because it addresses the sacral position itself rather than moving the lumbar vertebra or rotating the sacrum in a way that doesn't fix the underlying alignment. Pushing L5 posterior, rotating the sacrum, or opening the disc space do not restore that sacral-L5 relationship in the same targeted manner and thus are not the optimal correction for this presentation.

6. In these assessments, what is the primary anatomic site implicated in spondylolisthesis?

A. Disc

B. Ligament

C. Pars fracture

D. Facet

Think about where instability starts in spondylolisthesis. The slip most often begins with a defect in the pars interarticularis, typically a stress fracture. This pars fracture creates a gap in the posterior arch that lets the vertebral body translate forward relative to the vertebra below under normal loads. While the intervertebral disc and ligaments help stabilize the spine and the facet joints can influence progression, they are not the initiating site in the classic form. So the primary anatomic site implicated is the pars interarticularis fracture.

7. Life University Full Spine technique classification is?

A. Tonal

B. Sectional/Postural

C. Intersegmental/Segmental

D. Mixed

In Life University Full Spine technique, the way adjustments are classified centers on addressing each vertebral segment individually. The intersegmental/segmental approach targets specific spinal segments with precise contact points to restore motion at each joint, aiming to correct segmental dysfunction and improve overall spinal mechanics and neural function. This segment-by-segment focus is what defines full-spine technique in this context, rather than applying a global nervous-system "tone" concept, adjusting entire sections for posture, or combining multiple methods as a default. So, the best fit is the intersegmental/segmental classification because it reflects the core practice of adjusting one vertebral segment at a time to normalize motion and function across the spine. Tonal would emphasize nerve-tone concepts rather than discrete segment adjustments, sectional/postural would focus on broader section or posture corrections, and mixed implies a blend rather than the standard segmental emphasis.

8. A restriction is described as P-A with S-I only; which listing is most likely?

A. PI

B. IN

C. EX

D. AS

The key idea is that these two-letter listings encode the directions in which a vertebral segment is restricted. The first letter represents a sagittal-plane direction (anterior or posterior), and the second letter represents a vertical or craniocaudal direction (superior or inferior). If the restriction is described as restricted only in posterior-to-anterior and in superior-to-inferior directions, the code that reflects those restriction directions is the combination of anterior and superior: AS. The other codes would indicate restrictions in different directional pairs (for example, posterior with inferior, or other combinations) that don't match the described pattern. So the listing most likely is anterior-superior.

9. Which listing lowers femur head on x-ray after correction?

A. PI

B. EX

C. PIEX

D. AS

On a standing AP pelvis image, the height difference of the femur heads reflects how the pelvis is tilted. An AS listing indicates the sacrum is oriented in a way that tends to tilt the pelvis and raise one femur head. When you apply the corrective vector for this listing, the pelvis levelizes and the previously higher femur head drops on the image. That downward shift is the expected outcome after correcting an AS pattern, which is why this listing is the best match for " lowers femur head on x-ray after correction." The other patterns involve different directions of sacral/iliac misalignment, and their corrections don't produce the same downward change in the femur head height on the film.

10. If the restriction is P-A with L-M only, which listing is most likely?

A. PI

B. IN

C. EX

D. AS

Focusing on how a listing is determined by the direction of restriction helps here. A restriction described as posterior-to-anterior means the joint is limited when trying to move from the back toward the front in the sagittal direction. If it's limited on the left side only (left of the midline), then there's a single, left-sided P-A constraint with no restriction on the right. The listing that matches a left-sided, posterior-to-anterior restriction is the one that corresponds to that pattern, so it's the IN listing. The other options would imply additional directional components (such as restrictions in other planes or on the opposite side) that do not align with a pure P-A restriction confined to the left.

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://chirofullspine.examzify.com

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