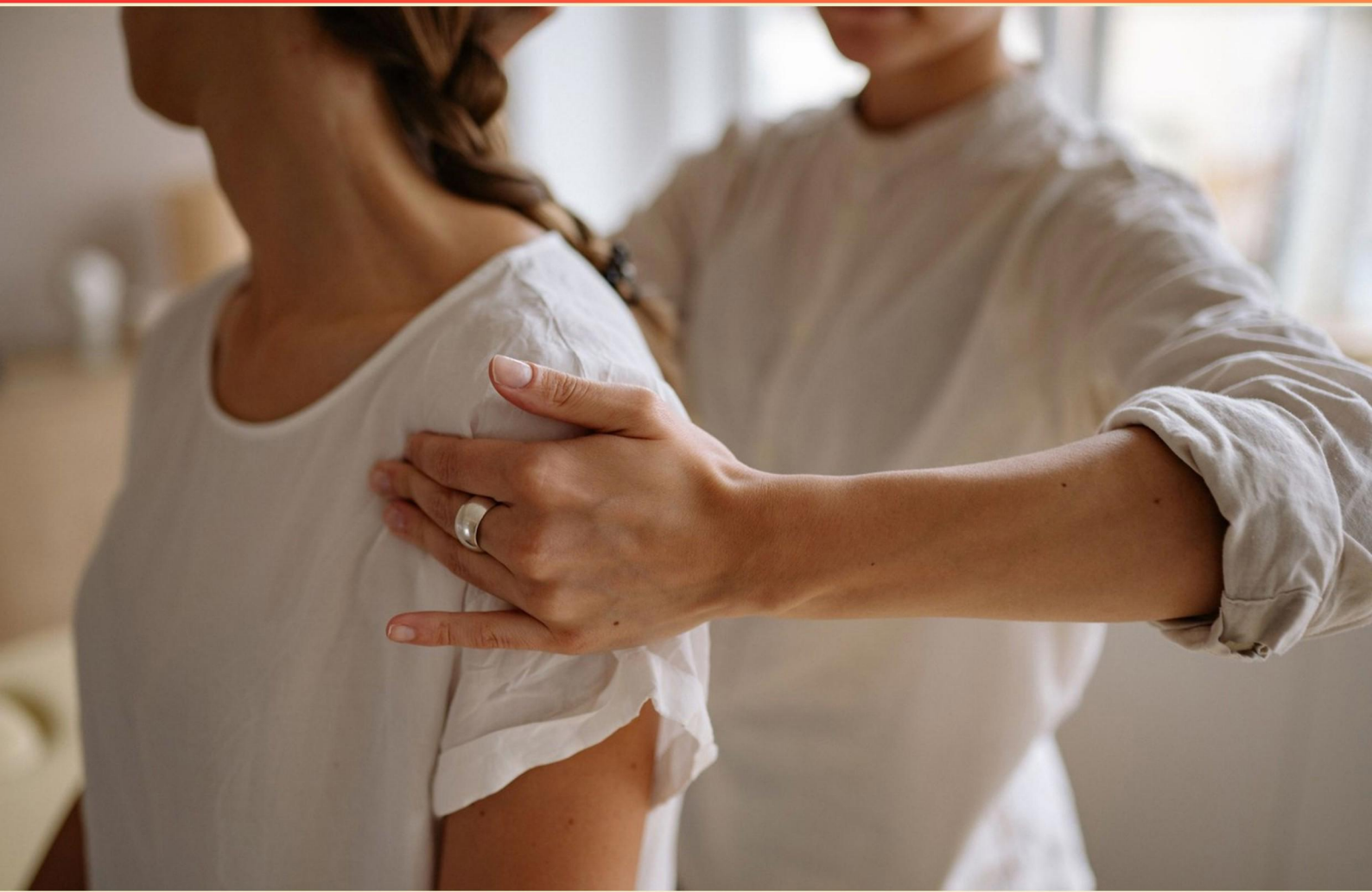


CHIROPRACTIC FULL SPINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://chirofullspine.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

1. Describe the Kemp test and what it assesses.

- A. Flexion and rotation of the trunk with axial loading to reproduce foraminal impingement or nerve root irritation, indicating lumbar radiculopathy.
- B. Extension and rotation of the trunk with axial loading to reproduce foraminal impingement or nerve root irritation, indicating lumbar radiculopathy.
- C. Lateral bending of the trunk with pressure on the sacrum to assess sacroiliac dysfunction.
- D. Passive straight leg raise to differentiate hamstring tightness from radiculopathy.

2. Which statement is true about leg-length effects of PI and AS subluxations?

- A. PI shortens; AS lengthens
- B. PI lengthens; AS shortens
- C. PI shortens; AS shortens
- D. PI lengthens; AS lengthens

3. Why is integration into functional tasks emphasized in core stabilization?

- A. To transfer gains to daily activities and reduce pain
- B. To isolate exercise only in clinic
- C. To avoid real life activities
- D. To focus only on cardio

4. If sacral posterior rotation exceeds 6 mm on the same AS side, the leg check will appear:

- A. Long
- B. Equal
- C. Short
- D. Alternating

5. Which are typical red-flag indicators that would prompt referral rather than management by chiropractic alone?

- A. Progressive neurological deficits, cauda equina signs, fever with systemic illness or suspicion of infection, history of cancer with new back pain, trauma with suspected fracture.
- B. Mild backache after strenuous activity with no neurologic symptoms.
- C. Pain that improves with rest.
- D. Localized spine tenderness without systemic symptoms.

- 6. If PI raises femur 4 mm and EX raises femur 2 mm, net change is:**
- A. Lower 2 mm
 - B. Raise 6 mm
 - C. Raise 2 mm
 - D. No change
- 7. Which is a contraindication to spinal traction?**
- A. Lumbar sprain.
 - B. Chronic low back pain.
 - C. Acute fracture.
 - D. Mild degenerative changes.
- 8. Chronic PIEX compensation produces which spinal change?**
- A. Hypolordosis
 - B. Hyperlordosis
 - C. Kyphosis
 - D. Neutral
- 9. Which statement best describes the degenerative spondylolisthesis?**
- A. It results from facet joint and disc degeneration, common in older patients.
 - B. It results from pars interarticularis defect and stress fracture, common in younger patients.
 - C. It is caused by inflammation of lumbar muscles.
 - D. It is never associated with older patients.
- 10. Chronic ASIN produces which condition?**
- A. Hypolordosis
 - B. Hyperlordosis
 - C. Kyphosis
 - D. Neutral

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Describe the Kemp test and what it assesses.

- A. Flexion and rotation of the trunk with axial loading to reproduce foraminal impingement or nerve root irritation, indicating lumbar radiculopathy.
- B. Extension and rotation of the trunk with axial loading to reproduce foraminal impingement or nerve root irritation, indicating lumbar radiculopathy.
- C. Lateral bending of the trunk with pressure on the sacrum to assess sacroiliac dysfunction.
- D. Passive straight leg raise to differentiate hamstring tightness from radiculopathy.

Kemp test works by loading the lumbar spine in a way that narrows the neural foramina and compresses the nerve roots. Extending the trunk tightens posterior structures and reduces the space where the exiting nerves pass; adding rotation (usually toward the side being tested) further closes the foramen, and a downward axial load increases the pressure on those neural elements. If this maneuver reproduces radicular pain or leg symptoms, it points to foraminal impingement or nerve root irritation consistent with lumbar radiculopathy, such as from disc herniation or stenosis. The other maneuvers target different issues—flexion generally does not reproduce foraminal compression, sacroiliac loading assesses SI dysfunction, and the straight-leg raise differentiates hamstring tightness from nerve tension rather than testing foraminal encroachment.

2. Which statement is true about leg-length effects of PI and AS subluxations?

- A. PI shortens; AS lengthens
- B. PI lengthens; AS shortens
- C. PI shortens; AS shortens
- D. PI lengthens; AS lengthens

Innominate positions change how the pelvis sits under the spine, which in turn affects the apparent length of the leg. When the ilium is posteriorly rotated (PI), the pelvis tilts in a way that makes the limb on that side measure shorter. When the ilium is anteriorly rotated (AS), the pelvis tilts the opposite way, making the limb on that side appear longer. So the true statement is that PI shortens and AS lengthens. Remember, this is an apparent, functional discrepancy caused by pelvic tilt, not a true bone shortening or lengthening.

3. Why is integration into functional tasks emphasized in core stabilization?

- A. To transfer gains to daily activities and reduce pain
- B. To isolate exercise only in clinic**
- C. To avoid real life activities
- D. To focus only on cardio

Focus of this approach is to ensure improvements in stabilizing muscles carry over to everyday movement. When core stabilization training is tied to functional tasks, the nervous system learns to use the deep trunk muscles in the context of real activities—lifting, bending, twisting, reaching, and standing up from a chair—instead of only performing isolated exercises. This transfer is what makes the changes meaningful: improved spinal control during daily tasks tends to reduce pain and enhance safety and performance in real life. Practicing functional tasks with appropriate progression also helps patients feel the benefits more clearly, which supports adherence and long-term changes. By contrast, training that stays purely in the clinic or focuses on isolated movements alone is less likely to carry over to daily activities. Real-life activities require coordinated activation across multiple planes and muscle groups, so integrating those tasks ensures the gains from stabilization work become practical and lasting. Cardio-focused work, while important for fitness, does not specifically train the stabilizing patterns needed for the core during functional movement.

4. If sacral posterior rotation exceeds 6 mm on the same AS side, the leg check will appear:

- A. Long
- B. Equal
- C. Short**
- D. Alternating

The key idea is how sacral motion in the sagittal plane affects the pelvis and how that shows up in a standing leg check. When the sacrum rotates posteriorly on one side, the pelvis on that side tilts in a way that makes the leg on that same side functionally shorter during the check. If the posterior rotation is substantial—beyond about 6 mm—the change is enough to be seen as a shorter leg on that side. That's why the leg check will appear short on the side of the posterior sacral rotation. The other patterns—long, equal, or alternating—come from different sacral or pelvic motions (anterior rotation, minimal imbalance, or a mixed/changing pattern), not from a sacral posterior rotation exceeding 6 mm on the same side.

5. Which are typical red-flag indicators that would prompt referral rather than management by chiropractic alone?

- A. Progressive neurological deficits, cauda equina signs, fever with systemic illness or suspicion of infection, history of cancer with new back pain, trauma with suspected fracture.
- B. Mild backache after strenuous activity with no neurologic symptoms.
- C. Pain that improves with rest.
- D. Localized spine tenderness without systemic symptoms.

Red flags indicate potential serious pathology that requires medical referral rather than chiropractic management alone. Progressive neurological deficits mean the nerves or spinal cord are being increasingly affected, signaling a process that could worsen without urgent imaging and professional evaluation. Cauda equina signs, such as saddle anesthesia, numbness or weakness in the legs, or loss of bladder or bowel control, point to significant compression at the lower spine and constitute an emergency that cannot be safely managed with routine chiropractic care. Fever with systemic illness or suspicion of infection raises concern for conditions like vertebral osteomyelitis or epidural abscess, which demand prompt medical treatment and sometimes hospitalization. A history of cancer with new back pain raises the risk of metastatic disease to the spine, requiring oncologic workup and imaging. Trauma with suspected fracture calls for careful assessment and imaging to confirm stability and safety before any spinal manipulation. The other scenarios describe more benign or mechanical back pain patterns—mild pain after strenuous activity with no neurologic symptoms, pain that improves with rest, or localized spine tenderness without systemic symptoms—these are typically compatible with conservative chiropractic management and routine monitoring, rather than urgent referral.

6. If PI raises femur 4 mm and EX raises femur 2 mm, net change is:

- A. Lower 2 mm
- B. Raise 6 mm
- C. Raise 2 mm
- D. No change

The action is additive when two factors move the same measurement in the same direction. Since both PI and EX raise the femur, you simply add their magnitudes: 4 mm + 2 mm = 6 mm. So the net change is a raise of 6 mm. (If the directions opposite, you'd subtract, but here both acts push in the same direction.)

7. Which is a contraindication to spinal traction?

- A. Lumbar sprain.
- B. Chronic low back pain.
- C. Acute fracture.
- D. Mild degenerative changes.

Traction is a treatment that applies longitudinal forces to the spine to relieve pressure or muscle spasm, but it can only be used when the spine is stable and the bones are intact. An acute fracture means the bone structure is not secure yet, so applying traction could shift fracture fragments, worsen instability, or injure the spinal cord or nerve roots. The risk of displacement or acceleration of damage is why an acute fracture is a clear prohibition for spinal traction. Lumbar sprain and chronic low back pain reflect soft-tissue or non-acute problems that don't inherently compromise bone stability, so traction isn't ruled out on their own. Mild degenerative changes likewise don't mandate avoiding traction, though they might influence how treatment is applied. The key idea is that only when the bone itself is acutely fractured do we avoid traction to prevent further injury.

8. Chronic PIEX compensation produces which spinal change?

- A. Hypolordosis
- B. Hyperlordosis**
- C. Kyphosis
- D. Neutral

In sagittal balance, the body adapts to a persistent pelvic or sacral alignment by modifying the curvature of the spine to keep the head over the pelvis. When the chronic PIEX pattern tips the pelvis and promotes a forward-oriented posture, the lumbar spine responds by increasing its extension demand. The result is an exaggerated lumbar curve, or hyperlordosis, as the spine lengthens its lordotic arc to maintain balance and keep the center of gravity over the base of support. So, the chronic compensation tends toward a forward-leaning pelvic position that the lumbar spine must counteract by deepening its lordosis. This is why hyperlordosis is the expected change. A reduced lordosis (hypolordosis) or a thoracic kyphotic shift would reflect different patterns of compensation, and a neutral curve would indicate no such adaptation.

9. Which statement best describes the degenerative spondylolisthesis?

- A. It results from facet joint and disc degeneration, common in older patients.
- B. It results from pars interarticularis defect and stress fracture, common in younger patients.
- C. It is caused by inflammation of lumbar muscles.
- D. It is never associated with older patients.**

Degenerative spondylolisthesis happens when the joints and discs at the back of the spine wear down with age. As the facet joints become arthritic and the intervertebral discs lose height and function, one vertebra can slip forward over the one below. This pattern fits older adults, where wear-and-tear changes are common, and it often affects the lower lumbar levels, especially around L4–L5. The slippage is usually gradual and may be associated with back pain or neurogenic claudication if the canal narrows. In contrast, a defect in the pars interarticularis causing a stress fracture is typical of isthmic spondylolisthesis and is more common in younger patients, such as athletes. Inflammation of lumbar muscles is not the cause of spondylolisthesis, and it's not accurate to say this condition never occurs in older people, since degenerative spondylolisthesis is a classic age-related form.

10. Chronic ASIN produces which condition?

- A. Hypolordosis**
- B. Hyperlordosis
- C. Kyphosis
- D. Neutral

A chronic anterior spinal misalignment tends to disrupt the normal inward curves of the spine, and over time the body adapts by flattening those curves. The lordotic curves in the cervical and lumbar regions help distribute loads efficiently; when a subluxation persists, the posterior elements and surrounding tissues become used to the new position, leading to a loss of that inward curvature. That pattern is known as hypolordosis. So, when a subluxation pattern is chronic, the most likely outcome is a decrease in the lordotic curvature rather than an increased curve (hyperlordosis) or an outward kyphotic shape. A neutral curvature would imply no change from normal, which isn't the typical chronic adaptation described here. In practice, recognizing a hypolordotic pattern helps guide care aimed at restoring proper curvature and spinal balance.

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!

SAMPLE