CHIROPRACTIC METHODS EXAM 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 statement best defines ergonomics as described?

A. Ergonomics is an applied science concerned with designing and arranging things people use so that the people and things interact most efficiently and safely.

B. Ergonomics is concerned with how to design spaces for improved safety, efficiency, and ease of use.

C. Kinesiology is an applied science that focuses on human anatomy alone.

D. Biomechanics emphasizes the physics of motion with no relation to design.

2. Differentiate radiculopathy from myelopathy clinically.

A. Radiculopathy presents with dermatomal sensory/motor changes and positive nerve root tests; myelopathy shows UMN signs such as hyperreflexia, spastic gait, Babinski.

B. Radiculopathy presents with local back pain only; myelopathy shows numbness.

C. Radiculopathy is associated with fever; myelopathy with weight loss.

D. Radiculopathy has no sensory changes; myelopathy has only sensory changes in all limbs.

3. During documentation of therapeutic exercises, which details are recorded?

A. Body region

B. Muscle and technique

C. Exercise type, set & reps

D. Equipment settings

4. Which feature is characteristic of structural scoliosis?

A. Fixed with vertebral rotation and wedging

B. Posture-related and reversible

C. A result of leg length discrepancy

D. Not associated with any vertebral changes

5. Sensory systems contributing to posture control?

A. Visual

B. Vestibular

C. Proprioceptive

D. All of the above

6. What is the role of evidence-based practice in adjusting technique selection?

A. To maximize clinician convenience.

B. To ignore patient preferences.

C. To choose techniques supported by research and tailored to patient needs and preferences.

D. To use the newest technique regardless of evidence.

7. Lower crossed syndrome pattern includes which of the following?

A. Inhibited abdominals; Facilitated rectus femoris/iliopsoas; Facilitated thoraco-lumbar extensors; Inhibited gluteus min/med/max

B. Inhibited abdominals; Inhibited rectus femoris/iliopsoas; Facilitated thoraco-lumbar extensors; Facilitated gluteus min/med/max

C. Facilitated abdominals; Facilitated rectus femoris/iliopsoas; Inhibited thoraco-lumbar extensors; Inhibited gluteus min/med/max

D. Inhibited abdominals; Facilitated rectus femoris/iliopsoas; Inhibited thoraco-lumbar extensors; Facilitated gluteus min/med/max

8. Which item is NOT listed as a treatment detail to record during an assessment?

A. Soft tissue manipulation

B. Osseous mobilization

C. Cold pack

D. Therapeutic exercise

9. Which field focuses on designing workspaces and tools to fit human capabilities?

A. Ergonomics

B. Nutrition

C. Psychology

D. Physiology

10. In SOAP notes, which section is the direct record of information reported by the patient?

A. Subjective

B. Objective

C. Assessment

D. Plan

Answers

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

Explanations

1. Which statement best defines ergonomics as described?

A. Ergonomics is an applied science concerned with designing and arranging things people use so that the people and things interact most efficiently and safely.

B. Ergonomics is concerned with how to design spaces for improved safety, efficiency, and ease of use.

C. Kinesiology is an applied science that focuses on human anatomy alone.

D. Biomechanics emphasizes the physics of motion with no relation to design.

Ergonomics is about shaping the environment so people can interact with their surroundings safely, efficiently, and with ease. Focusing on how spaces are designed highlights how layout, access, and flow influence performance and safety in real-world tasks. This practical emphasis is what makes the option about designing spaces the best fit for the definition. The other ideas touch related areas but aren't the core descriptor of ergonomics here. Kinesiology centers on human anatomy, and biomechanics on the physics of motion, neither of which defines ergonomics itself. While ergonomics does involve designing and arranging tools or interfaces, the emphasis on spaces as a setting where interaction occurs captures the everyday application and impact of ergonomic principles.

2. Differentiate radiculopathy from myelopathy clinically.

A. Radiculopathy presents with dermatomal sensory/motor changes and positive nerve root tests; myelopathy shows UMN signs such as hyperreflexia, spastic gait, Babinski.

B. Radiculopathy presents with local back pain only; myelopathy shows numbness.

C. Radiculopathy is associated with fever; myelopathy with weight loss.

D. Radiculopathy has no sensory changes; myelopathy has only sensory changes in all limbs.

The main idea is to distinguish where the problem lies: at a nerve root versus the spinal cord. Radiculopathy (nerve root problem) typically shows symptoms in a dermatomal distribution with corresponding myotomal weakness, and there are signs specific to the involved nerve root, such as positive nerve root tension tests (like a positive straight-leg raise for lumbar roots or Spurling's test for cervical roots). You'll often see pain radiating along a particular limb path, with sensory and motor changes confined to the affected root's distribution and reflex changes limited to that level. Myelopathy (spinal cord problem) presents with upper motor neuron signs that are usually below the level of the lesion. That includes hyperreflexia, a spastic or gait disturbance, and the Babinski sign. There may be a sensory level and bilateral involvement, and symptoms can be more diffuse rather than confined to a single dermatomal pattern. So, if symptoms align with a single nerve root's distribution and root-specific signs, radiculopathy is favored. If there are UMN features, gait changes, or a clear sensory level indicating spinal cord involvement, myelopathy is favored.

3. During documentation of therapeutic exercises, which details are recorded?

A. Body region

B. Muscle and technique

C. Exercise type, set & reps

D. Equipment settings

The main idea is that documenting therapeutic exercises should capture exactly what to do and how much work to do. Recording the exercise type identifies the specific movement or activity the patient is prescribed (for example, a particular stretch, strengthening move, or resistance exercise). Recording the sets and reps provides the dosage—how many cycles of work the patient should perform in a session and overall workload—so the prescription can be reproduced and progress tracked. Together, these elements define the exact prescription and allow safe progressions. Details like body region or muscle involvement and the precise technique can be implied by the chosen exercise and instructions, and equipment settings matter only if equipment is used; the essential, universally documented details are the exercise type and the set-and-rep pattern.

4. Which feature is characteristic of structural scoliosis?

A. Fixed with vertebral rotation and wedging

B. Posture-related and reversible

C. A result of leg length discrepancy

D. Not associated with any vertebral changes

Structural scoliosis is a fixed spinal deformity where the curve does not straighten with positioning because the vertebrae themselves rotate and wedge on the concave side. This rotation and wedging create a rib hump and persist on exam and imaging, indicating the curvature is real and structural rather than just a posture issue. In contrast, curves caused by posture or functional factors can often improve or disappear with changes in position or addressing the underlying cause; leg length discrepancy might tilt the pelvis and contribute but does not define a structurally rotated, wedged spine; and a statement denying vertebral changes misses the hallmark finding of structural scoliosis.

5. Sensory systems contributing to posture control?

A. Visual

B. Vestibular

C. Proprioceptive

D. All of the above

Maintaining posture relies on integrating information from multiple senses that tell the brain where the body is and how it's moving. Vision provides a reference frame and detects movement of the surroundings relative to you. The vestibular system in the inner ear senses head position and acceleration, helping detect sway and maintain balance even when vision is limited. Proprioception from muscles, tendons, and joints gives detailed feedback about the position and movement of each body part. The brain combines these cues and adjusts muscle activity to keep you upright; it can reweight the inputs depending on what's reliable in the moment. For example, in darkness the body leans more on proprioceptive and vestibular information, while in a moving environment vision can contribute but may also mislead if the scene itself moves. Because all three systems contribute to posture control, the best answer is that all of the above.

6. What is the role of evidence-based practice in adjusting technique selection?

A. To maximize clinician convenience.

B. To ignore patient preferences.

C. To choose techniques supported by research and tailored to patient needs and preferences.

D. To use the newest technique regardless of evidence.

Evidence-based practice in adjusting technique selection means blending the best available research with your clinical judgment and the patient's goals to choose the most effective and appropriate approach for that individual. This approach prioritizes techniques that have demonstrated benefit in studies for the specific condition, while also weighing safety, practicality, and the patient's values, preferences, and circumstances. By discussing options with the patient, you tailor the plan to what they can tolerate and what they hope to achieve, and you stay open to adjusting as new evidence or responses emerge. That's why the answer emphasizes selecting techniques supported by research and tailored to patient needs and preferences. The other ideas miss this patient-centered, evidence-guided balance: prioritizing convenience, ignoring preferences, or using the newest technique without evidence.

7. Lower crossed syndrome pattern includes which of the following?

A. Inhibited abdominals; Facilitated rectus femoris/iliopsoas; Facilitated thoraco-lumbar extensors; Inhibited gluteus min/med/max

B. Inhibited abdominals; Inhibited rectus femoris/iliopsoas; Facilitated thoraco-lumbar extensors; Facilitated gluteus min/med/max

C. Facilitated abdominals; Facilitated rectus femoris/iliopsoas; Inhibited thoraco-lumbar extensors; Inhibited gluteus min/med/max

D. Inhibited abdominals; Facilitated rectus femoris/iliopsoas; Inhibited thoraco-lumbar extensors; Facilitated gluteus min/med/max

Lower crossed syndrome arises from a predictable pattern of muscle imbalance around the pelvis and lower spine: the abdominal/core muscles and the gluteal muscles are weak and lengthened, while the hip flexors and the back extensors are tight and overactive. This combination pulls the pelvis into anterior tilt and increases lumbar lordosis, creating a crossover of opposing muscle groups that can contribute to low back pain and faulty movement. The best answer reflects this pattern: the abdominal muscles are inhibited (weak), the hip flexors (rectus femoris and iliopsoas) are facilitated (tight/overactive), the thoraco-lumbar extensors are facilitated (overactive), and the gluteal muscles (gluteus maximus and medius/minimus) are inhibited (weak). This aligns with the classic lower crossed posture and related dysfunction. The other options imply opposite or inconsistent activity (for example, hip flexors not shortened or abdominal muscles being overactive, or back extensors not overactive), which would not produce the characteristic anterior pelvic tilt and hyperlordosis seen in lower crossed syndrome.

8. Which item is NOT listed as a treatment detail to record during an assessment?

A. Soft tissue manipulation

B. Osseous mobilization

C. Cold pack

D. Therapeutic exercise

During an assessment, you document the actions intended to address the patient's condition. Direct treatment actions that influence tissue and function—such as soft tissue manipulation, osseous mobilization, and therapeutic exercise—are standard items to record as part of the treatment plan. A cold pack, while commonly used for symptom relief, is typically categorized as a modality and noted separately from treatment details. It's considered an adjunct rather than a core treatment action documented in the assessment plan, which is why it's not listed as a treatment detail in that context.

9. Which field focuses on designing workspaces and tools to fit human capabilities?

A. Ergonomics

B. Nutrition

C. Psychology

D. Physiology

Ergonomics focuses on designing workspaces and tools to fit human capabilities, aiming to align how we move, think, and interact with equipment with the setup itself. By adjusting chair height, desk depth, monitor and keyboard positions, grip shapes, and tool layouts, we reduce awkward postures, strain, and fatigue while boosting comfort, safety, and efficiency. It also considers how tasks are organized to minimize cognitive load. Nutrition, psychology, and physiology cover different aspects—diet and energy, behavior and mental processes, and body functions, respectively—whereas ergonomics directly shapes the environment to match human abilities.

10. In SOAP notes, which section is the direct record of information reported by the patient?

A. Subjective

B. Objective

C. Assessment

D. Plan

The direct information a patient reports about their symptoms and history goes in the Subjective portion. This section captures what the patient says—chief complaint, current symptoms (onset, quality, location, duration, severity), factors that worsen or relieve it, past medical history relevant to the visit, medications, allergies, and how the issue affects daily activities. It represents the patient's personal narrative and perceptions, often recorded in their own words or summarized from their responses. The clinician's measurements, findings, and observations belong to the Objective section, while the Assessment interprets the data and the Plan outlines next steps. So the patient's own reported information is documented in the Subjective part.

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://chiromethods2.examzify.com

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