

Chiropractic Theories Practice Test (Sample)

Study Guide



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SAMPLE

Questions

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- 1. What does therapeutic conservatism prioritize in patient care?**
 - A. Maximum intervention possible**
 - B. Holistic treatment approaches**
 - C. Minimal intervention aimed at root causes**
 - D. Interventions based on patient desires**
- 2. What is the primary theoretical basis for tension regulation theory?**
 - A. Traction on the nerve root**
 - B. Compressing the spinal cord**
 - C. Increasing muscle tension**
 - D. Reducing blood flow to tissues**
- 3. Which state was the last to legalize chiropractic practice and in what year?**
 - A. Louisiana in 1974**
 - B. Texas in 1990**
 - C. Florida in 1985**
 - D. Oregon in 1980**
- 4. What does "Universal Intelligence" refer to in chiropractic practice?**
 - A. Human intellect**
 - B. Higher spiritual force**
 - C. Emotional strength**
 - D. Nervous system function**
- 5. What is a common perception of chiropractic care among the American public?**
 - A. It is viewed as a last resort for treatment**
 - B. It is frequently associated with medication-based treatments**
 - C. It is typically regarded as both safe and effective**
 - D. It is known primarily for surgical interventions**

- 6. Which chiropractic technique was developed by BJ Palmer to address subluxation at the Atlas?**
- A. MERIC system**
 - B. Hole in one technique**
 - C. Static technique**
 - D. Dynamic technique**
- 7. What defines a portal of entry provider?**
- A. A provider specializing in surgical techniques**
 - B. A licensed healthcare provider offering first-level contact and triage**
 - C. A provider limited to prescribing medications**
 - D. An alternative medicine practitioner without formal qualifications**
- 8. What does meniscoid entrapment typically involve during flexion?**
- A. Meniscoid moves with the superior facet**
 - B. Meniscoid is trapped under the capsule**
 - C. Meniscoid moves with the inferior facet**
 - D. Meniscoid remains stationary**
- 9. When do the pain gate theory and descending module occur?**
- A. Before the adjustment**
 - B. Both occur at the same time after the adjustment**
 - C. They never occur simultaneously**
 - D. Only after the adjustment is complete**
- 10. What symptom is associated with difficulty swallowing in VAD?**
- A. Dysarthria**
 - B. Dizziness**
 - C. Dysphagia**
 - D. Drop attacks**

Answers

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

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Explanations

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1. What does therapeutic conservatism prioritize in patient care?

- A. Maximum intervention possible**
- B. Holistic treatment approaches**
- C. Minimal intervention aimed at root causes**
- D. Interventions based on patient desires**

Therapeutic conservatism prioritizes minimal intervention aimed at addressing root causes of health issues. This approach emphasizes the importance of carefully assessing a patient's condition to determine the least invasive methods that can achieve effective results. By focusing on underlying issues rather than merely alleviating symptoms, therapeutic conservatism aims to promote long-term health and wellness for the patient. This philosophy aligns with principles of chiropractic care, where practitioners assess the body's biomechanics and overall health to offer tailored treatments that encourage the body's innate ability to heal itself. It advocates for careful consideration of any interventions, ensuring they are necessary and appropriate for the specific needs of the patient. This patient-centered strategy seeks to avoid unnecessary procedures and instead utilizes conservative methods like adjustments, physical therapy, and lifestyle modifications to support recovery and health maintenance.

2. What is the primary theoretical basis for tension regulation theory?

- A. Traction on the nerve root**
- B. Compressing the spinal cord**
- C. Increasing muscle tension**
- D. Reducing blood flow to tissues**

The primary theoretical basis for tension regulation theory revolves around the idea that traction on the nerve root can alleviate pain and dysfunction by restoring normal function and promoting the healing process. This theory posits that when there is abnormal tension on the nerve root, it can lead to various symptoms, including pain and sensory changes. By applying traction or decompression to the affected area, the tension on the nerve root is reduced, which helps mitigate these symptoms. This approach emphasizes the mechanical aspect of nerve function and its relationship to spinal structure. It underscores the importance of proper alignment and the need to manage the space around nerve roots. In chiropractic practice, this theory guides practitioners in developing treatment plans aimed at relieving nerve tension, thereby ensuring better physiological function and symptom relief for patients.

3. Which state was the last to legalize chiropractic practice and in what year?

A. Louisiana in 1974

B. Texas in 1990

C. Florida in 1985

D. Oregon in 1980

The last state to legalize chiropractic practice was Louisiana in 1974. This is significant as it highlights the historical context of chiropractic regulation across the United States. Chiropractic began to gain traction in the early 20th century, but it took several decades for all states to recognize and license the practice officially. Louisiana's decision in 1974 marked a pivotal moment for chiropractic as it completed the nationwide process of state licensure, ensuring that practitioners could operate legally and under a recognized framework of standards and regulations. Each state's decision to legalize chiropractic was influenced by various factors, including public demand for alternative health care and evolving professional standards. Understanding this historical development is crucial for comprehending the growth of the chiropractic profession and its acceptance within the broader healthcare system.

4. What does "Universal Intelligence" refer to in chiropractic practice?

A. Human intellect

B. Higher spiritual force

C. Emotional strength

D. Nervous system function

In chiropractic practice, "Universal Intelligence" refers to a higher spiritual force that is believed to be present in all living things. This concept is foundational in chiropractic philosophy, asserting that this intelligence governs the body's functions and maintains health. It is seen as the source of the innate abilities of the body to heal itself and adapt to changes, emphasizing the holistic approach chiropractic care often takes. This principle suggests that the natural order of life is inherently organized and purposeful, leading to the belief that when interference occurs—such as misalignments in the spine—this disrupts the flow of Universal Intelligence, ultimately affecting health and vitality. Restoring proper alignment through chiropractic adjustments is viewed as a way to facilitate the expression of this Universal Intelligence, allowing the body to function optimally. The other options, while they may have relevance in different contexts, do not encapsulate the chiropractic interpretation of Universal Intelligence. Human intellect and emotional strength pertain more to psychological and cognitive dimensions, while nervous system function is a more physical and biological aspect that does not capture the broader, spiritual interpretations of the concept.

- 5. What is a common perception of chiropractic care among the American public?**
- A. It is viewed as a last resort for treatment**
 - B. It is frequently associated with medication-based treatments**
 - C. It is typically regarded as both safe and effective**
 - D. It is known primarily for surgical interventions**

A common perception of chiropractic care among the American public is that it is typically regarded as both safe and effective. This perception stems from various factors, including its non-invasive nature and the emphasis on holistic approaches to health. Many individuals turn to chiropractic care for relief from musculoskeletal issues, particularly back and neck pain, which has been supported by a growing body of research demonstrating its efficacy in managing these conditions. Chiropractic care is often seen as a proactive way to maintain overall health, with practitioners focusing on spinal adjustments and lifestyle advice rather than relying on medications or surgical interventions. This favorable view contributes to its acceptance in wellness and preventive care contexts, encouraging people to seek chiropractic services as a viable option for managing pain and improving physical function. Additionally, the commitment of many chiropractors to evidence-based practice helps reinforce this perception of safety and effectiveness, leading to increased patient satisfaction and trust in chiropractic interventions.

- 6. Which chiropractic technique was developed by BJ Palmer to address subluxation at the Atlas?**
- A. Meric system**
 - B. Hole in one technique**
 - C. Static technique**
 - D. Dynamic technique**

The technique developed by BJ Palmer to specifically address subluxation at the Atlas is known as the Hole in One technique. This method focuses on correcting misalignments in the upper cervical spine, particularly the Atlas vertebra, which is vital for proper nervous system function. Palmer emphasized the importance of this area, as misalignment can potentially affect overall health and wellness. The Hole in One technique employs specific adjustments designed to enhance the function of the Atlas vertebra. By accurately locating and addressing deficiencies in this area, practitioners aim to restore balance to the nervous system and improve the body's ability to heal itself. Palmer's innovation in this technique illustrates a significant aspect of chiropractic philosophy, which is centered on the relationship between spinal alignment and overall health. Understanding this technique provides insight into the foundational concepts of chiropractic care and the importance of the upper cervical region in the field.

7. What defines a portal of entry provider?

- A. A provider specializing in surgical techniques
- B. A licensed healthcare provider offering first-level contact and triage**
- C. A provider limited to prescribing medications
- D. An alternative medicine practitioner without formal qualifications

A portal of entry provider is defined as a licensed healthcare provider who offers first-level contact and triage for patients. This role is crucial in healthcare as it serves as the initial point of interaction between patients and the healthcare system. These providers assess patients' needs, determine the urgency of those needs, direct patients to appropriate care, and may provide essential services such as diagnostics or referrals. The emphasis on being a licensed healthcare provider is significant because it ensures that the individual has undergone formal education and training, adhering to regulatory standards that protect patient safety and care quality. Their role is foundational in managing patient flow within the health system, ensuring that individuals receive timely and appropriate interventions based on their health conditions. Other options do not encompass the full scope of the portal of entry provider's responsibilities or qualifications. For example, providers specializing solely in surgical techniques focus on a specific aspect of care, while those exclusively prescribing medications do not interact with patients in the broader context recognized by a portal of entry provider. Moreover, alternative medicine practitioners without formal qualifications may not have the necessary training or legitimacy recognized in conventional healthcare systems.

8. What does meniscoid entrapment typically involve during flexion?

- A. Meniscoid moves with the superior facet
- B. Meniscoid is trapped under the capsule
- C. Meniscoid moves with the inferior facet**
- D. Meniscoid remains stationary

Meniscoid entrapment is a phenomenon that occurs in the facet joints of the spine, where small meniscoid structures can become caught during the movement of the joint, particularly during flexion. In the context of flexion, it is correct that the meniscoid moves with the inferior facet. During flexion, the inferior articular facet of the vertebra below moves upwards and forwards, while the superior facet of the vertebra above moves downwards and backwards. This coordinated movement allows for joint stability and motion; however, the meniscoid structure, which acts to absorb forces and reduce friction between the articular surfaces, will follow the inferior facet. This movement is important for maintaining the proper biomechanics of the joint; therefore, understanding meniscoid behavior helps in recognizing potential sources of pain and dysfunction in the spine, as entrapment can lead to restricted motion and discomfort.

9. When do the pain gate theory and descending module occur?

- A. Before the adjustment**
- B. Both occur at the same time after the adjustment**
- C. They never occur simultaneously**
- D. Only after the adjustment is complete**

The pain gate theory and descending modulation can indeed occur simultaneously after an adjustment. The pain gate theory suggests that the spinal cord can regulate the perception of pain, acting as a "gate" that can either allow or inhibit pain signals to reach the brain. When an adjustment is made, it not only helps in correcting the alignment of the spine but also may influence the nerve pathways involved in pain perception. Simultaneously, descending modulation refers to the process by which the brain can send signals down the spinal cord to either amplify or dampen the experience of pain. This process can help in managing the body's pain response, enhancing the effects of chiropractic adjustments. The adjustments may promote relaxation and alleviation of muscle tension, which activates these modulatory processes. The idea that both theories function at the same time after an adjustment highlights the complex interaction between various physiological responses and the nervous system in addressing pain and improving function. This understanding is crucial in the practice of chiropractic care, as it illustrates the multifaceted ways adjustments can impact pain perception and overall health.

10. What symptom is associated with difficulty swallowing in VAD?

- A. Dysarthria**
- B. Dizziness**
- C. Dysphagia**
- D. Drop attacks**

The symptom associated with difficulty swallowing in vertebral artery dissection (VAD) is dysphagia. Dysphagia is clinically defined as difficulty in swallowing, which can occur due to various neurological factors, including issues affecting the brainstem or cranial nerves associated with the swallowing mechanism. In cases of VAD, the dissection can compromise blood flow to specific brain regions, leading to dysphagia as the resulting symptom. Other options like dysarthria refer to difficulties in speech due to muscle weakness, dizziness is a general term for a sensation of unbalance or lightheadedness, and drop attacks are sudden falls without loss of consciousness. While these symptoms may be present in certain neurological or vascular conditions, they do not specifically denote difficulty swallowing, making dysphagia the most relevant and correct choice in this context.