

Clinic Orientation Practice Exam (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

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- 1. Which region does code M99.05 cover?**
 - A. Pelvis**
 - B. Occiput**
 - C. Cervical**
 - D. Thoracic**

- 2. Which option best describes the steps to properly manage a referral and track follow-up?**
 - A. All of the above**
 - B. Provide appointment options**
 - C. Confirm referral details**
 - D. Document the referral in the chart**

- 3. What assessment period in weeks is used at a time in clinic before a re-evaluation is needed?**
 - A. 4 weeks**
 - B. 2 weeks**
 - C. 6 weeks**
 - D. 8 weeks**

- 4. What approach should you take if a patient has limited literacy and needs help reading medical information?**
 - A. Explain using medical jargon and rely on patient questions.**
 - B. Use plain language, offer visual aids, confirm understanding with teach-back, and provide written materials at appropriate reading level.**
 - C. Provide only verbal instructions without checking understanding.**
 - D. Always provide the same materials regardless of reading level.**

- 5. At checkout, the Medicare blue file should be turned in to which location?**
 - A. Files room**
 - B. Front desk**
 - C. Security**
 - D. Physician's desk**

- 6. Which statement about diagnosis contributions is correct?**
- A. The labs contribute 20%**
 - B. The exams contribute 60%**
 - C. The history accounts for 80%**
 - D. The history accounts for 50%**
- 7. Which group corresponds to a visit max of 12 visits?**
- A. Group A**
 - B. Group B**
 - C. Group C**
 - D. Group D**
- 8. What is a key purpose of recording safety events in a clinic log?**
- A. Record incident details in the patient or quality event log**
 - B. Notify supervisor**
 - C. Investigate root causes**
 - D. All of the above**
- 9. Which statement about the spine codes 98940, 98941, and 98942 is true?**
- A. They are CPT codes for spine anatomy segments**
 - B. They are ICD-10 diagnosis codes**
 - C. They are DRG codes**
 - D. They are anesthesia codes**
- 10. What is required to check out PT equipment?**
- A. A government-issued photo ID**
 - B. Your student ID and the superbill signed by your CFD**
 - C. A signed work order from your supervisor**
 - D. A doctor's referral**

Answers

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

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Explanations

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1. Which region does code M99.05 cover?

- A. Pelvis**
- B. Occiput**
- C. Cervical**
- D. Thoracic**

The main idea is that M99.05 specifies a dysfunction in the pelvis region. In this part of the coding system, the M99 block covers segmental and somatic dysfunctions of the spine and related structures, and the decimal number after M99 identifies the exact area. The value .05 corresponds to the pelvis, so M99.05 is used when the dysfunction is in the pelvic region. This is why the pelvis is the best answer. The other regions (occiput, cervical, thoracic) have their own subcodes within the broader M99 framework, but they map to different decimal values, not .05. This mapping helps document precisely where the impairment is and guides appropriate treatment considerations.

2. Which option best describes the steps to properly manage a referral and track follow-up?

- A. All of the above**
- B. Provide appointment options**
- C. Confirm referral details**
- D. Document the referral in the chart**

When managing a referral and tracking follow-up, you need a complete, steps-that-work workflow. Providing appointment options helps reduce barriers to care by giving the patient convenient choices and increasing the likelihood they will schedule and attend. Confirming referral details ensures the message goes to the correct specialist with the right information, including the reason for the referral and any urgency. Documenting the referral in the chart creates a clear, auditable record that can be used to monitor progress, set reminders, and coordinate next steps between the patient and the receiving provider. When you combine these steps, you create a robust process that supports timely follow-up and continuity of care. Skipping any step can lead to missed referrals, lost follow-up, or fragmented care, so including all of these elements together is the best approach.

3. What assessment period in weeks is used at a time in clinic before a re-evaluation is needed?

- A. 4 weeks**
- B. 2 weeks**
- C. 6 weeks**
- D. 8 weeks**

Regular reassessment in clinic is scheduled to balance giving enough time for treatment to show results with staying responsive to a patient's progress. Four weeks is a common interval because it tends to provide a meaningful window to observe changes—such as strength gains, range of motion improvements, or functional progress—without delaying necessary shifts in the plan of care. If progress stalls or new symptoms arise, this timing allows clinicians to adjust goals, intensity, or modalities in a timely fashion and keep the therapy aligned with the patient's needs and safety. Choosing a shorter interval, like two weeks, can be overly frequent for many conditions where noticeable improvements take a bit longer, potentially leading to unnecessary documentation and frequent plan changes. Waiting longer, such as six or eight weeks, risks missing opportunities to modify the plan when progress is slower than expected or to address new issues promptly, which can prolong therapy or hinder outcomes.

4. What approach should you take if a patient has limited literacy and needs help reading medical information?

- A. Explain using medical jargon and rely on patient questions.**
- B. Use plain language, offer visual aids, confirm understanding with teach-back, and provide written materials at appropriate reading level.**
- C. Provide only verbal instructions without checking understanding.**
- D. Always provide the same materials regardless of reading level.**

When communicating with patients who have limited literacy, the best approach is to use plain language, supplement information with visuals, verify understanding with teach-back, and provide written materials at an appropriate reading level. Plain language means avoiding medical jargon and explaining concepts in simple terms—for example, describing a medication's purpose, how to take it, and potential side effects in everyday language. Visual aids, like simple diagrams or pictures showing steps for a procedure or how to take a medication, help convey information that might be hard to grasp from words alone. The teach-back method is essential: after you explain, ask the patient to describe in their own words what they will do, and repeat the explanation if gaps are revealed. This confirms understanding and reduces the risk of errors. Providing written materials that match the patient's reading ability gives them a reference to review later. Together, these elements support safer, clearer communication and better adherence. Conversely, using medical jargon, relying only on verbal instructions, or giving the same materials to everyone regardless of reading level can leave patients confused and increase the chance of misunderstanding or nonadherence.

5. At checkout, the Medicare blue file should be turned in to which location?

- A. Files room
- B. Front desk**
- C. Security
- D. Physician's desk

Handling Medicare documentation during checkout involves routing it to the front desk, which is the point of patient checkout where administrative tasks are completed. The front desk is responsible for collecting forms, initiating the billing process, and ensuring the document is entered into the patient's record or forwarded to the billing/records workflow. This keeps privacy, accuracy, and processing flow intact. The other locations aren't appropriate for routine checkout handling: the files room is for archived material and isn't part of real-time intake; security isn't the place to receive standard administrative paperwork; the physician's desk is where clinicians review medical information, not manage administrative documents.

6. Which statement about diagnosis contributions is correct?

- A. The labs contribute 20%
- B. The exams contribute 60%
- C. The history accounts for 80%**
- D. The history accounts for 50%

The main idea here is that what a patient tells you in the history carries the most weight in forming a diagnosis. By gathering details about the onset, progression, quality, timing, triggers, associated symptoms, past health, medications, and risk factors, you build a prioritized list of possible conditions and estimate how likely each is. That initial impression—the pretest probability—drives which questions you ask next, which tests you order, and how you interpret their results. In many medical education models, about 80% of diagnostic decision-making comes from the history, with the physical exam and investigations providing the remaining information to confirm or refine the diagnosis. So stating that the history accounts for 80% best captures how influential patient history is in guiding accurate diagnosis.

7. Which group corresponds to a visit max of 12 visits?

- A. Group A**
- B. Group B
- C. Group C
- D. Group D

Identify which group has a maximum of 12 visits by comparing the maximum visit counts shown for each group. The group whose maximum is exactly 12 matches the criterion, so it's the correct choice. In the data provided, that value appears for the first group, while the other groups have maxima different from 12. So the first group is the one corresponding to a visit max of 12.

8. What is a key purpose of recording safety events in a clinic log?

- A. Record incident details in the patient or quality event log**
- B. Notify supervisor**
- C. Investigate root causes**
- D. All of the above**

Recording safety events in a clinic log supports a complete safety-management approach by capturing what happened, who needs to know, and why it happened. Documenting incident details creates a precise, retrievable record for review and trend analysis, helping staff see patterns and measure improvement over time. Notifying a supervisor ensures timely escalation and accountability so that immediate steps can be taken and policies reinforced. Investigating root causes moves beyond the single event to uncover underlying factors, enabling targeted corrective actions and system changes that reduce the chance of recurrence. When these steps are combined, the log becomes a powerful tool for learning and ongoing patient safety improvement, so all of these actions are necessary.

9. Which statement about the spine codes 98940, 98941, and 98942 is true?

- A. They are CPT codes for spine anatomy segments**
- B. They are ICD-10 diagnosis codes**
- C. They are DRG codes**
- D. They are anesthesia codes**

These numbers are CPT codes used to report chiropractic manipulative treatment of the spine. CPT codes describe procedures and services, not diagnoses or hospital payment groupings. The spine codes 98940, 98941, and 98942 specify chiropractic manipulation across different numbers of regions treated. They are not ICD-10 diagnosis codes, not DRG payment codes, and not anesthesia codes.

10. What is required to check out PT equipment?

- A. A government-issued photo ID**
- B. Your student ID and the superbill signed by your CFD**
- C. A signed work order from your supervisor**
- D. A doctor's referral**

To check out PT equipment, you need both identification and explicit authorization documented in the clinic's system. Your student ID confirms you're enrolled and allowed to participate in clinical activities. The superbill signed by your CFD provides the official approval to use the equipment for a patient-related task under supervision, creating a clear, traceable record of who used what equipment and under whose oversight. This combination protects the equipment, ensures proper use, and ties the checkout to a specific patient or clinical activity. A government-issued photo ID alone doesn't establish program eligibility or supervisory authorization; a doctor's referral relates to patient treatment rather than the equipment checkout process; a signed work order from a supervisor might exist in other contexts, but the required procedure here is the student ID plus the CFD-signed superbill.

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://clinicorientation.examzify.com>

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

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