

# CLOVER LEARNING LOWER EXTREMITIES PRACTICE TEST (SAMPLE)

**STUDY GUIDE**



**SAMPLE STUDY GUIDE  
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. The dorsalis pedis artery is the continuation of which artery?**
  - A. Anterior tibial artery
  - B. Posterior tibial artery
  - C. Peroneal artery
  - D. Popliteal artery
  
- 2. Which test is used to evaluate meniscal tears and how is it performed?**
  - A. McMurray Test: With the knee flexed, rotate the tibia and extend the knee while applying varus (lateral) or valgus (medial) stress; a click or reproduction of pain indicates tear.
  - B. Thessaly Test: Weight-bearing knee flexed 5-20 degrees with rotation.
  - C. Apley Compression Test: Prone position with compression and rotation.
  - D. Bounce Home Test: Passive extension with knee in flexion.
  
- 3. In inversion ankle sprains, which ligament is least commonly involved?**
  - A. Deltoid ligament
  - B. ATFL
  - C. CFL
  - D. PTFL
  
- 4. For the Beclare method of the intercondylar fossa of the knee, what SID is recommended for the AP axial projection?**
  - A. 60 inches (152 cm)
  - B. 40 inches (102 cm)
  - C. 30 inches (76 cm)
  - D. 72 inches (183 cm)
  
- 5. What is the recommended collimation for the tangential projection of the sesamoids?**
  - A. 2-3 inches on either side
  - B. 4-6 inches on either side
  - C. 0-1 inch on either side
  - D. 1-2 inches (3-5 cm) on either side of the foot

- 6. How should the sesamoid bones appear on a tangential projection?**
- A. Free of superimposition of the first metatarsal
  - B. Superimposed over the first metatarsal
  - C. Distorted by metatarsal bone
  - D. Not visible
- 7. How many degrees should the lower leg be rotated for a medial oblique fifth digit?**
- A. 15-25 degrees
  - B. 30-45 degrees
  - C. 0 degrees
  - D. 45-60 degrees
- 8. Which ligaments provide coronal plane stability to the knee on both medial and lateral sides?**
- A. Medial and Lateral Collateral Ligaments
  - B. Anterior and Posterior Cruciate Ligaments
  - C. Medial Collateral Ligament Only
  - D. Lateral Collateral Ligament Only
- 9. Where should the central ray be directed for an anteroposterior projection of the tibia and fibula?**
- A. Proximal tibia near the knee
  - B. Mid-shaft of the tibia/fibula
  - C. Distal tibia near the ankle
  - D. At the level of the knee joint
- 10. Through the adductor hiatus, the femoral artery continues as which vessel?**
- A. Deep Femoral Artery
  - B. Great Saphenous Artery
  - C. Popliteal Artery
  - D. Femoral Artery

## **Answers**

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

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## **Explanations**

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### 1. The dorsalis pedis artery is the continuation of which artery?

- A. Anterior tibial artery
- B. Posterior tibial artery
- C. Peroneal artery
- D. Popliteal artery

The key idea is where the blood vessel on the foot starts. The dorsalis pedis artery is the continuation of the anterior tibial artery as it crosses the ankle. The anterior tibial artery travels down the leg in the anterior compartment, passes through the gap in the interosseous membrane, and then becomes the dorsalis pedis artery on the dorsum of the foot just past the ankle. This transition marks the change from the leg's anterior supply to the foot's dorsal supply. The other vessels don't fit because the posterior tibial artery stays in the posterior compartment and supplies the plantar aspect of the foot, not the dorsal aspect; the peroneal (fibular) artery is a branch of the posterior tibial that stays on the side of the leg; and the popliteal artery is the upstream vessel that splits into the anterior and posterior tibial arteries around the knee, not the direct continuation into the dorsum of the foot.

### 2. Which test is used to evaluate meniscal tears and how is it performed?

- A. McMurray Test: With the knee flexed, rotate the tibia and extend the knee while applying varus (lateral) or valgus (medial) stress; a click or reproduction of pain indicates tear.
- B. Thessaly Test: Weight-bearing knee flexed 5-20 degrees with rotation.
- C. Apley Compression Test: Prone position with compression and rotation.
- D. Bounce Home Test: Passive extension with knee in flexion.

Evaluating meniscal tears relies on stressing the meniscus to reveal its mechanical disruption. The maneuver that best demonstrates this is the McMurray test. In this test, the knee is moved through flexion while the tibia is rotated, and the knee is extended with either varus (to stress the lateral meniscus) or valgus (to stress the medial meniscus) force. If a click or a reproduction of joint-line pain occurs, it suggests a meniscal tear. Context on the other options helps distinguish them: the Thessaly test uses a weight-bearing knee in slight flexion (about 5–20 degrees) with rotation to stress the meniscus. The Apley compression test is done with the patient prone, applying downward compression to the heel while rotating the tibia to pinch the menisci. The Bounce Home test involves passively extending the knee from a fully flexed position; a lack of full extension or a rubbery "bounce" can indicate a meniscal tear.

### 3. In inversion ankle sprains, which ligament is least commonly involved?

- A. Deltoid ligament
- B. ATFL
- C. CFL
- D. PTFL

In inversion ankle sprains, the mechanism stresses the lateral ligaments most. The anterior talofibular ligament takes the brunt first because a sudden inward roll of the ankle with the foot often in plantarflexion places the ATFL under the greatest strain. The calcaneofibular ligament is also commonly affected as the sprain can progress with continued inversion. The deltoid ligament on the medial side isn't typically involved in a pure inversion injury; it's more likely with eversion or very severe sprains. The posterior talofibular ligament, which resists backward movement of the talus and is more engaged in dorsiflexion or more complex injuries, is least likely to be torn in a standard inversion sprain. So the ligament least commonly involved is the posterior talofibular ligament.

**4. For the Beclere method of the intercondylar fossa of the knee, what SID is recommended for the AP axial projection?**

- A. 60 inches (152 cm)
- B. 40 inches (102 cm)**
- C. 30 inches (76 cm)
- D. 72 inches (183 cm)

*The Beclere (AP axial) projection of the knee is traditionally performed at a 40-inch SID to visualize the intercondylar fossa with good sharpness and an appropriate level of magnification. This distance provides the right balance between image clarity of the bony details and practical exposure, without requiring excessive exposure or risking excessive magnification. A shorter SID would exaggerate magnification and degrade detail, while a longer SID would reduce beam intensity and complicate exposure management. Therefore, 40 inches is the standard choice for this projection.*

**5. What is the recommended collimation for the tangential projection of the sesamoids?**

- A. 2-3 inches on either side
- B. 4-6 inches on either side
- C. 0-1 inch on either side
- D. 1-2 inches (3-5 cm) on either side of the foot**

*Precision in collimation is key when you're imaging the tiny sesamoid bones. You want a field that covers the sesamoids and a small margin of surrounding tissue, but not the entire foot, to keep the image high in contrast and minimize unnecessary exposure. For the tangential projection of the sesamoids, a width of about 1–2 inches (3–5 cm) on either side of the foot provides just enough room to visualize the sesamoids and the base of the first metatarsal while avoiding excess tissue that would add scatter and radiation dose. Too little space risks clipping the sesamoids; too much space exposes more of the foot and degrades image quality with extra scatter. This range strikes the right balance for accurate visualization and patient safety.*

**6. How should the sesamoid bones appear on a tangential projection?**

- A. Free of superimposition of the first metatarsal**
- B. Superimposed over the first metatarsal
- C. Distorted by metatarsal bone
- D. Not visible

*In this tangential view, the goal is to visualize the plantar sesamoid bones without overlap from the first metatarsal head. By angling the beam tangential to the plantar aspect and positioning the foot so the first MTP joint is viewed in profile, the two sesamoids should appear clearly separated from the metatarsal head. This free-of-overlap view lets you assess the sesamoids for size, shape, and any fracture or bipartite condition. If the sesamoids are overlapped by the first metatarsal, the projection isn't optimal; distortion or being invisible would also reflect improper technique. They should be visible and well defined in a proper tangential projection.*

**7. How many degrees should the lower leg be rotated for a medial oblique fifth digit?**

- A. 15-25 degrees
- B. 30-45 degrees**
- C. 0 degrees
- D. 45-60 degrees

*For a medial oblique view of the fifth digit, rotate the leg (foot) medially enough to create an oblique projection that separates the little toe from its neighbors. About 30–45 degrees is the typical range. This angle reduces overlap of the fifth toe with the adjacent toes and opens up the joints so you can clearly see the metatarsophalangeal and interphalangeal joints, as well as the contours of the toe bones. If you don't rotate much, such as 0 degrees, the toes stay in a straight alignment and there's too much superimposition, making the joints hard to evaluate. A smaller oblique like 15–25 degrees may still leave some overlap, while too much rotation, around 45–60 degrees, can distort the toe's appearance and stray from a standard projection. The 30–45 degree range hits a balance, giving a clear view without distortion.*

**8. Which ligaments provide coronal plane stability to the knee on both medial and lateral sides?**

- A. Medial and Lateral Collateral Ligaments**
- B. Anterior and Posterior Cruciate Ligaments
- C. Medial Collateral Ligament Only
- D. Lateral Collateral Ligament Only

*Coronal plane stability on both sides of the knee comes from the collateral ligaments. The medial collateral ligament runs along the inner knee and resists valgus stress, while the lateral collateral ligament runs along the outer knee and resists varus stress. Together, they maintain alignment on both the inner and outer aspects. The anterior and posterior cruciate ligaments focus more on controlling movement in the sagittal plane (front-to-back) and rotational stability, not primarily the side-to-side stability asked about here.*

**9. Where should the central ray be directed for an anteroposterior projection of the tibia and fibula?**

- A. Proximal tibia near the knee
- B. Mid-shaft of the tibia/fibula
- C. Distal tibia near the ankle**
- D. At the level of the knee joint

*When imaging the tibia and fibula in an AP projection, center the central ray to the midpoint of the leg, at the midshaft of the tibia between the knee and ankle. The beam should be perpendicular to the leg so the tibia is evenly magnified and both joints are included in the image. Directing the ray toward the distal tibia near the ankle tends to shift the center of the exposure away from the proximal tibia and knee, leading to poor visualization of those areas and increased distortion. By targeting the midshaft, you get a well-centered image with uniform detail along the length of the tibia and fibula. Ensure the leg is straight, the knee and ankle are in a true AP position, and the foot is dorsiflexed so the ankle is perpendicular to the IR.*

**10. Through the adductor hiatus, the femoral artery continues as which vessel?**

- A. Deep Femoral Artery
- B. Great Saphenous Artery
- C. Popliteal Artery
- D. Femoral Artery

*Through the adductor hiatus, the femoral artery becomes the popliteal artery. The hiatus is an opening in the adductor magnus that lets the femoral artery pass from the front of the thigh to the back of the knee, where it continues as the popliteal artery. This transition is why the artery that supplies the knee and leg is called the popliteal artery once it passes through that opening. The profunda femoris (deep femoral) is a branch that occurs before the hiatus, and the great saphenous artery isn't a standard arterial trunk.*

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## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://cloverlowerextremities.examzify.com>

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

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