

COMLEX Osteopathic Manipulative Medicine (OMM) 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. Adrenal gland anterior point is located at which landmark?**
 - A. 1 inch lateral and 2 inches superior to umbilicus**
 - B. PSIS**
 - C. 2nd ICS**
 - D. Superior Pubic Ramus**

- 2. The posterior Chapman point located at the T3 Transverse Process corresponds to which organ?**
 - A. Bronchi**
 - B. Eye**
 - C. Upper Lung**
 - D. Heart**

- 3. Which statement best indicates success of an OMM session?**
 - A. Increase in patient complaints.**
 - B. No change in motion or pain.**
 - C. Improvement in somatic dysfunction with restored motion and reduced pain.**
 - D. Worsening tissue texture.**

- 4. The anterior Chapman point for the neck is located at which landmark?**
 - A. 2nd ICS**
 - B. Medial Aspect of Surgical Humeral Neck**
 - C. C3-C7 Articular Pillars**
 - D. Posterior to Mastoid Process**

- 5. In a patient with multiple dysfunctional regions, what is the recommended initial sequencing of manipulative treatment?**
 - A. Start with the most proximal region and work distally.**
 - B. Start with the most distal, largest regional dysfunction to influence proximal segments, often addressing the pelvis and thorax first, then progressing cephalad and reassessing after each region.**
 - C. Treat all regions simultaneously to save time.**
 - D. Randomly choose regions to treat based on patient preference.**

- 6. Which test is used to assess sacral motion by evaluating sacral sulci and mobility?**
- A. MRI**
 - B. Ultrasound**
 - C. Spring test with palpation of sulci**
 - D. X-ray**
- 7. Esophagus Posterior Point corresponds to which transverse process?**
- A. T3 Transverse Process**
 - B. T4 Transverse Process**
 - C. T5 Transverse Process**
 - D. T2 Transverse Process**
- 8. Name two diaphragmatic release techniques and their intended effects.**
- A. Thoracic diaphragm release; abdominal diaphragm release; intended to improve diaphragmatic excursion, venous/lymphatic return, and autonomic balance.**
 - B. Pelvic diaphragm rotation and rib springing; intended to increase pelvic stability.**
 - C. Cervical spine HVLA; intended to lengthen thoracic spine.**
 - D. Still technique and balanced membranous tension; intended to reduce cranial rhythm.**
- 9. Which organ has anterior point at the superior pubic ramus?**
- A. Ovary/Testis**
 - B. Bladder**
 - C. Thyroid**
 - D. Prostate**
- 10. Lower Lung Posterior Point corresponds to which vertebral level?**
- A. T3 Transverse Process**
 - B. T4 Transverse Process**
 - C. T5 Transverse Process**
 - D. T2 Transverse Process**

Answers

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

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Explanations

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1. Adrenal gland anterior point is located at which landmark?

A. 1 inch lateral and 2 inches superior to umbilicus

B. PSIS

C. 2nd ICS

D. Superior Pubic Ramus

In osteopathic palpation, the adrenal gland's anterior Chapman point is located in the abdominal region used for visceral referral testing and treatment. Specifically, it sits about 1 inch lateral to the midline and 2 inches above the umbilicus. This standardized location helps clinicians episodically diagnose or treat tension in the adrenal area through techniques like Chapman's point work or indirect OMT. The other landmarks don't correspond to the adrenal gland's anterior Chapman's point: a point near the PSIS is a posterior region related to different structures; the second intercostal space is higher up on the chest and aligns with other organ associations; the superior pubic ramus is in the pelvis and not related to the adrenal gland's anterior point.

2. The posterior Chapman point located at the T3 Transverse Process corresponds to which organ?

A. Bronchi

B. Eye

C. Upper Lung

D. Heart

Chapman points are small fascial nodules that map to visceral structures, and posterior points lie along the thoracic transverse processes at levels that reflect the sympathetic innervation of the organs. The heart is classically represented by a posterior cardiac point on the left side around the T2-T3 transverse processes. A tender point specifically at the T3 transverse process on the left fits this cardiac map, so that location corresponds to the heart. It's distinct from points linked to the bronchi or upper lung, which map to other thoracic levels, and from points for the eye, which are cranial rather than thoracic.

3. Which statement best indicates success of an OMM session?

A. Increase in patient complaints.

B. No change in motion or pain.

C. Improvement in somatic dysfunction with restored motion and reduced pain.

D. Worsening tissue texture.

Success in an OMM session is shown when somatic dysfunction improves, meaning motion is restored and pain is reduced. In osteopathic practice, somatic dysfunction involves restricted joint motion, abnormal tissue texture, asymmetry, and tenderness. When treatment works, you see a clearer restoration of movement and a drop in pain levels, often with softer, more normal tissue texture and better symmetry. That direct combination of improved motion and less pain is the best indicator of a successful session. Conversely, increasing complaints, no change in motion or pain, or worsening tissue texture would suggest the treatment was not successful.

4. The anterior Chapman point for the neck is located at which landmark?

A. 2nd ICS

B. Medial Aspect of Surgical Humeral Neck

C. C3-C7 Articular Pillars

D. Posterior to Mastoid Process

Chapman points are small, tender surface spots that reflect viscerosomatic reflexes; anterior Chapman points map to the surface region associated with sympathetic input to the neck and related structures. For the neck, the anterior surface landmark used in this mapping is the medial aspect of the surgical neck of the humerus. Palpation and treatment at this spot aim to influence neck-related autonomic and musculoskeletal patterns. Why the other landmarks don't fit: the second intercostal space is an anterior site tied to thoracic organs like the upper lungs and thymus, not the neck. The cervical vertebral articular pillars are a posterior location, corresponding to a posterior Chapman point, not the anterior neck point. The area behind the mastoid process is a posterior point linked to head/ear regions, not the anterior neck.

5. In a patient with multiple dysfunctional regions, what is the recommended initial sequencing of manipulative treatment?

A. Start with the most proximal region and work distally.

B. Start with the most distal, largest regional dysfunction to influence proximal segments, often addressing the pelvis and thorax first, then progressing cephalad and reassessing after each region.

C. Treat all regions simultaneously to save time.

D. Randomly choose regions to treat based on patient preference.

When multiple regions are dysfunctional, the body's movement is best restored by a distal-to-proximal sequencing. Start with the most distal, largest regional dysfunction so you can influence the proximal segments through the kinetic chain. Addressing the pelvis and thorax first sets a solid base for motion, rebalances diaphragmatic and rib cage mechanics, and reduces compensatory patterns that would obscure corrections higher up the spine and cranium. Then progress cephalad, reassessing after each region to guide the next steps based on how the tissues respond. Treating proximal regions first can lock in maladaptive patterns and make further corrections harder, and treating everything at once or choosing regions at random lacks the systematic leverage that distal-first sequencing provides.

6. Which test is used to assess sacral motion by evaluating sacral sulci and mobility?

- A. MRI**
- B. Ultrasound**
- C. Spring test with palpation of sulci**
- D. X-ray**

Assessing sacral motion relies on hands-on palpation of the sacral sulci and a springing maneuver to judge how freely the sacrum moves. The sacral sulci are the indentations on either side of the sacral base, and their depth and symmetry reflect the sacrum's position relative to the ilia. By applying a gentle spring to the sacrum through the posterior pelvis, you evaluate its anterior-posterior mobility. A normal, easily springing sacrum with symmetrical sulci indicates balanced motion; a loss of spring or asymmetrical sulci points to a sacral dysfunction such as a torsion or extension pattern. Imaging tests like MRI, ultrasound, or X-ray show anatomy but do not assess dynamic sacral motion in this way, so they aren't used for this particular evaluation.

7. Esophagus Posterior Point corresponds to which transverse process?

- A. T3 Transverse Process**
- B. T4 Transverse Process**
- C. T5 Transverse Process**
- D. T2 Transverse Process**

Chapman posterior points reflect the spinal level of autonomic innervation for a given organ. For the esophagus, the sympathetic supply comes from the upper thoracic segments, with the key reference level at the second thoracic vertebra. Placing the posterior Chapman point at the transverse process of the second thoracic vertebra aligns with that innervation level, making it the best match for the esophagus. The other levels correspond to points tied to other organs or different sympathetic levels, so they aren't the correct posterior esophageal point.

8. Name two diaphragmatic release techniques and their intended effects.

A. Thoracic diaphragm release; abdominal diaphragm release; intended to improve diaphragmatic excursion, venous/lymphatic return, and autonomic balance.

B. Pelvic diaphragm rotation and rib springing; intended to increase pelvic stability.

C. Cervical spine HVLA; intended to lengthen thoracic spine.

D. Still technique and balanced membranous tension; intended to reduce cranial rhythm.

The key idea is that diaphragmatic release focuses on freeing both diaphragms—the thoracic (respiratory) diaphragm and the abdominal diaphragm—to improve their motion and the downstream effects this motion has on circulation and autonomic function. By addressing each dome of the diaphragm with careful contact and guided breathing, these techniques aim to remove fascial and somatic restrictions that limit diaphragmatic excursion. When the diaphragms move more freely, ventilation becomes more efficient, and the diaphragmatic pump enhances venous return to the heart and lymphatic drainage from the body. This improved mechanical function also supports autonomic balance because smoother diaphragmatic motion reduces stress on adjacent neural structures and promotes healthier autonomic tone through more optimal vagal and sympathetic interplay. Other options describe techniques that aren't diaphragmatic releases. Pelvic diaphragm rotation and rib springing target different regions or aims, not the two primary diaphragms. Cervical spine HVLA is a forceful adjustment not related to releasing diaphragmatic motion. Still technique and balanced membranous tension are cranial/soft-tissue approaches focused on cranial rhythm and membranous tension, not specifically on releasing the diaphragms to improve diaphragmatic function.

9. Which organ has anterior point at the superior pubic ramus?

A. Ovary/Testis

B. Bladder

C. Thyroid

D. Prostate

The organ whose anterior point aligns with the superior pubic ramus is the gonad (ovary in females, testis in males). During development the gonads originate higher in the abdomen and descend toward the pelvis along a path that places their anterior aspect near the pelvic brim. As they settle, their most forward point ends up adjacent to the superior pubic ramus, making that bony landmark the reference for the anterior pole of these organs. In contrast, the bladder, though related to the pubic bones, has its apex near the pubic symphysis and midline relations rather than the superior pubic ramus; the prostate sits posterior to the pubic bone and is described in relation to the pubic symphysis as well; the thyroid is in the neck, not in the pelvis.

10. Lower Lung Posterior Point corresponds to which vertebral level?

- A. T3 Transverse Process**
- B. T4 Transverse Process**
- C. T5 Transverse Process**
- D. T2 Transverse Process**

In Chapman's reflex mapping, posterior lung points align with specific thoracic vertebral levels along the paraspinal fascia, reflecting the lung's segmental autonomic innervation. The lower lung posterior point falls at the level of the fourth thoracic vertebra's transverse process, which corresponds to the mid-to-lower thoracic segments associated with the lower lung lobe. To find it, palpate the paraspinal region at the level of the T4 transverse process on the posterior chest; the point is typically a small, tender spot. This location guides where to apply treatment such as a targeted osteopathic technique or lymphatic drainage.

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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.

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

<https://complexomm.examzify.com>

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

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