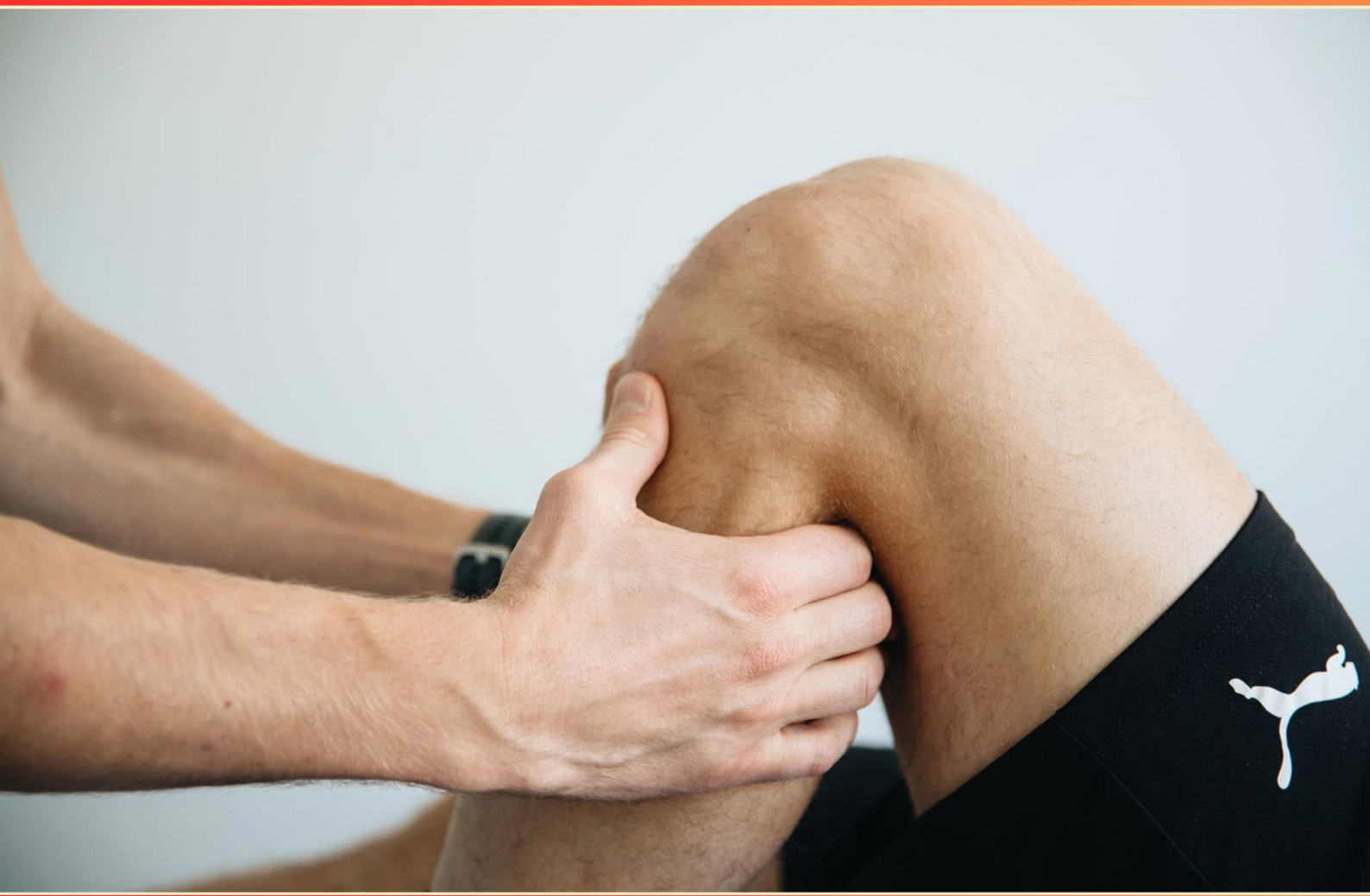
COMLEX OSTEOPATHIC MANIPULATIVE MEDICINE (OMM) PRACTICE EXAM (SAMPLE)

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. Name an absolute contraindication to HVLA.

A. Mild scoliosis

B. Age over 75 with no comorbidities

C. Patient requests a different technique

D. Acute fracture or dislocation at the treatment site

2. Which statement about diaphragms in OMM is NOT accurate?

A. They improve diaphragmatic motion

B. They enhance venous and lymphatic return

C. They modulate autonomic tone affecting organ systems

D. They directly lengthen long bones

3. Upper surface of the 2nd rib corresponds to which point?

A. Nasal Sinus Posterior Point

B. Pharynx Posterior Point

C. Pharynx Anterior Point

D. Larynx Anterior Point

4. Which technique is commonly used to improve rib cage mobility and support respiratory mechanics?

A. HVLA to the thoracic spine.

B. Rib raising and myofascial techniques.

C. Solely deep tissue massage of the lower limbs.

D. Ultrasound therapy without manual contact.

5. Ribs that are described as pump handle ribs are which numbers and how do they move during inhalation?

A. Ribs 1-5 move anterior-superior during inhalation

B. Ribs 6-10 move anterior-superior during inhalation

C. Ribs 1-5 move posterior-inferior during inhalation

D. Ribs 4-8 move medially during inhalation

6. Appendix anterior point is located at which anatomical location?

A. Umbilicus

B. Right lower quadrant

C. Inferior border of scapula

D. Tip of 12th rib

7. Which organ's posterior point is located at PSIS?

A. Bladder

B. Adrenal Gland

C. Ovary/Testis

D. Prostate

8. An appropriate OMM evaluation emphasizes which of the following?

A. Reassessment of objective signs (motion, texture, tenderness) and subjective symptoms.

B. Only objective signs.

C. Only patient-reported outcomes.

D. No reassessment.

9. 1st Intercostal Space is the location for which point?

A. Nasal Sinus Posterior Point

B. Tonsils Anterior Point

C. Nasal Sinus Anterior Point

D. Anterior Ear Point

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

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

Explanations

1. Name an absolute contraindication to HVLA.

A. Mild scoliosis

B. Age over 75 with no comorbidities

C. Patient requests a different technique

D. Acute fracture or dislocation at the treatment site

High-velocity, low-amplitude thrusts are aimed at a joint or region with controlled stability. An acute fracture or dislocation at the treatment site is an absolute contraindication because the bone or joint is unstable, and a thrust could propagate the fracture, worsen dislocation, or injure the spinal cord or surrounding neurovascular structures. In such cases, HVLA must be avoided, and safer alternatives like soft tissue techniques, muscle energy, or gentle mobilization are preferred while the fracture or dislocation is assessed and stabilized. Mild scoliosis, advanced age alone, or patient preference for a different technique do not, by themselves, constitute absolute contraindications; they require clinical judgment and discussion about risks, benefits, and alternatives, rather than an outright ban on HVLA.

2. Which statement about diaphragms in OMM is NOT accurate?

A. They improve diaphragmatic motion

B. They enhance venous and lymphatic return

C. They modulate autonomic tone affecting organ systems

D. They directly lengthen long bones

In OMM, diaphragms are functional fascial units that coordinate motion across body compartments and act as pumps for circulation and drainage. Working with these diaphragms helps improve the overall movement of the musculoskeletal and visceral systems. Improving diaphragmatic motion is a central effect. When diaphragms move more freely, rib cage expansion and diaphragmatic excursion increase, which enhances breathing mechanics and reduces focal restrictions. Enhancing venous and lymphatic return follows from that diaphragmatic motion. The respiratory pump created by a well-functioning diaphragm facilitates venous return to the heart and promotes lymphatic drainage from the trunk and extremities, helping to clear edema and improve tissue perfusion. Modulating autonomic tone is another key outcome. By relieving fascial restrictions around autonomic pathways and improving organ connectivity through the diaphragms, there can be a balanced influence on sympathetic and parasympathetic input to various organ systems, supporting better autonomic regulation. Directly lengthening long bones, however, is not a mechanism of diaphragms in OMM. Diaphragms influence motion, flow, and autonomic balance through fascia and fluid dynamics, not by physically elongating bones.

3. Upper surface of the 2nd rib corresponds to which point?

A. Nasal Sinus Posterior Point

B. Pharynx Posterior Point

C. Pharynx Anterior Point

D. Larynx Anterior Point

In Chapman point therapy, anterior points on the chest wall correspond to visceral structures. The larynx has an anterior Chapman point located at the upper surface of the second rib, so palpating or treating that spot targets reflex pathways influencing laryngeal function. That's why the upper surface of the second rib is associated with the larynx anterior point. Other options map to different regions: nasal sinuses have posterior points near the occiput/upper spine, and pharynx points are located at other intercostal spaces, not the second rib's superior surface.

4. Which technique is commonly used to improve rib cage mobility and support respiratory mechanics?

A. HVLA to the thoracic spine.

B. Rib raising and myofascial techniques.

C. Solely deep tissue massage of the lower limbs.

D. Ultrasound therapy without manual contact.

Rib cage mobility directly influences how well the chest expands during inspiration, so the most effective approaches are those that directly address the ribs and their surrounding fascia. Rib raising targets the rib angles and costovertebral joints, helping the thoracic cage open wider with each breath. Myofascial techniques release restrictions in the thoracic fascia and intercostal musculature, removing barriers to rib motion and improving overall chest expansion and diaphragmatic efficiency. Together, these methods enhance rib cage mobility and respiratory mechanics by directly acting on the structures that move with breathing. Other options don't focus on the rib cage itself. HVLA to the thoracic spine may improve general spinal mobility but isn't specifically aimed at improving rib articulation and chest expansion. Deep tissue work on the lower limbs and ultrasound therapy without manual contact don't impact the thoracic cage or breathing mechanics.

5. Ribs that are described as pump handle ribs are which numbers and how do they move during inhalation?

A. Ribs 1-5 move anterior-superior during inhalation

B. Ribs 6-10 move anterior-superior during inhalation

C. Ribs 1-5 move posterior-inferior during inhalation

D. Ribs 4-8 move medially during inhalation

Pump-handle ribs are the upper ribs whose orientation causes the front part of the rib cage to lift as you breathe in. Their motion is mainly anterior and superior, meaning the sternum and the anterior margins of these ribs rise, increasing the front-to-back (AP) diameter of the chest. This pattern gives the upper ribs their name, as if the rib cage is being pumped forward. In contrast, the lower ribs tend to move more laterally to widen the chest transversely. So, the upper ribs move anterior-superior during inhalation.

6. Appendix anterior point is located at which anatomical location?

A. Umbilicus

B. Right lower quadrant

C. Inferior border of scapula

D. Tip of 12th rib

In osteopathic palpation, Chapman points map visceral status to specific somatic sites. The appendix has an anterior Chapman's point located on the anterior abdominal wall at the tip of the right 12th rib. This location aligns with the visceral surface relationships and autonomic innervation patterns used in Chapman mapping. Practically, tenderness or a palpable point there can be used to influence appendiceal function through focused fascia and tissue techniques. The other options don't correspond to the appendix's anterior reflex site: the umbilicus is a general reference point, the right lower quadrant is too broad, and the inferior border of the scapula is a posterior location not used for this anterior reflex mapping.

7. Which organ's posterior point is located at PSIS?

A. Bladder

B. Adrenal Gland

C. Ovary/Testis

D. Prostate

Understanding Chapman reflex points helps explain why the prostate's posterior point is located at the PSIS. Chapman points are small, palpable locations on the body that correspond to visceral organs; posterior points sit on the back and align with the organ's reflex pathways through the spine and pelvis. For pelvic organs, the prostate's posterior reflex point is situated in the sacral–iliac region near the posterior superior iliac spine. That anatomical relationship makes PSIS the landmark for the prostate's posterior point. Other organs have posterior points mapped to different locations along the spine or pelvis, so the PSIS area is specifically tied to the prostate in this system.

8. An appropriate OMM evaluation emphasizes which of the following?

A. Reassessment of objective signs (motion, texture, tenderness) and subjective symptoms.

B. Only objective signs.

C. Only patient-reported outcomes.

D. No reassessment.

In OMM evaluation, ongoing reassessment of both objective signs and patient-reported symptoms is essential. Objective signs—motion restrictions, tissue texture changes, and tenderness—show the physical manifestations of somatic dysfunction and how they respond to palpation and treatment. Patient-reported symptoms reveal the functional and experiential impact, such as pain levels and limitations in daily activities. By reevaluating after each intervention, you can gauge true progress, decide whether to continue, modify, or stop a technique, and ensure the treatment plan aligns with the patient's response. Focusing only on objective signs omits the patient's experience, while focusing only on subjective symptoms misses measurable physical changes, and skipping reassessment leaves you without feedback to guide care.

9. 1st Intercostal Space is the location for which point?

A. Nasal Sinus Posterior Point

B. Tonsils Anterior Point

C. Nasal Sinus Anterior Point

D. Anterior Ear Point

In this system of visceral-somatic reflex mapping used in OMM, each intercostal space has a corresponding ENT point. The Tonsils Anterior Point is assigned to the first intercostal space, so that location is the one you target to influence tonsillar function. This reflects the idea that stimulation at that skin area can modulate autonomic input and lymphatic drainage related to the tonsillar region. The other options correspond to different ENT structures and map to different intercostal spaces, not the first one.

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.

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://comlexomm.examzify.com

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