

Comprehensive Osteopathic Medical Licensing Examination (COMLEX USA) Practice (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. How is Muscle Energy Technique primarily applied for adults?**
 - A. Directly**
 - B. Indirectly**
 - C. Both direct and indirect**
 - D. Neither**
- 2. What muscle is associated with the L5 motor nerve root during examination?**
 - A. Quadriceps**
 - B. Extensor hallucis longus**
 - C. Psoas**
 - D. Gastrocnemius**
- 3. What does Fryette's third law state about joints and motion?**
 - A. Motion one plane does not affect other planes**
 - B. Motion in one plane alters motion in other planes**
 - C. All planes of motion are independent**
 - D. Only the transverse plane is affected by movement**
- 4. In which year did AT Still pass away?**
 - A. 1896**
 - B. 1910**
 - C. 1917**
 - D. 2001**
- 5. What does a DTR Grade 1 indicate?**
 - A. Minimal response**
 - B. Mid range normal response**
 - C. Slightly hyperactive response**
 - D. Hyperactive w/ clonus**

- 6. In unilateral sacral flexion, where is the sulcus deep?**
- A. On the opposite side of the ILA**
 - B. On the same side as the ILA**
 - C. On both sides equally**
 - D. Not applicable**
- 7. In bilateral sacral flexion, what happens to the spring test results?**
- A. Remains constant**
 - B. Inverts the response**
 - C. Becomes negative**
 - D. Can vary depending on position**
- 8. What type of motion is characterized by lateral bending?**
- A. Coronal plane motion**
 - B. Transverse plane motion**
 - C. Sagittal plane motion**
 - D. Vertical plane motion**
- 9. The anterior lower leg is associated with which dermatome?**
- A. Dermatome S1**
 - B. Dermatome L5**
 - C. Dermatome L3**
 - D. Dermatome T10**
- 10. In a Right on Left sacral torsion, which sulcus is typically deep?**
- A. Left**
 - B. Right**
 - C. Both**
 - D. None**

Answers

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

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Explanations

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1. How is Muscle Energy Technique primarily applied for adults?

- A. Directly
- B. Indirectly**
- C. Both direct and indirect
- D. Neither

Muscle Energy Technique (MET) is primarily applied indirectly in adults as it involves the engagement of the patient's muscles to promote relaxation and lengthening of the target muscles and tissues while the clinician provides a gentle counterforce. In this technique, the patient is asked to contract specific muscles against a force applied by the practitioner. Typically, these contractions are directed away from the barrier of restriction, fostering a reflexive response that leads to tissue relaxation and increased range of motion. In adults, the indirect application of MET is particularly effective as it utilizes the patient's muscular efforts to achieve a desired therapeutic outcome, minimizing discomfort and enabling a greater range of motion without forceful manipulation. This indirect approach helps in addressing muscle shortening and contraction patterns, which are common issues in musculoskeletal conditions. Other options like direct application often imply a more forceful engagement that may not be appropriate or as beneficial for all patients, particularly if they have significant tension or restriction. The choice of using an indirect approach allows for a more gentle and patient-centered method of treatment, making it better suited for the adult population in many therapeutic contexts.

2. What muscle is associated with the L5 motor nerve root during examination?

- A. Quadriceps
- B. Extensor hallucis longus**
- C. Psoas
- D. Gastrocnemius

The muscle associated with the L5 motor nerve root is the extensor hallucis longus. This muscle is primarily responsible for the extension of the big toe and contributes to the dorsiflexion of the foot. During a clinical examination, testing the strength of the extensor hallucis longus can help evaluate the function of the L5 nerve root. L5 is part of the lumbosacral plexus, and its innervation is crucial for the proper functioning of certain muscle groups in the lower extremity. When assessing the L5 nerve root, clinicians often observe movements and strength tests specifically target these muscles. Effective dorsiflexion, including the ability to extend the big toe, is essential in many activities, and weakness could indicate an injury or compromise in the L5 nerve root. The other muscles mentioned are innervated by different nerve root levels. The quadriceps muscle is primarily associated with the L3 and L4 nerve roots. The psoas muscle, which is involved in hip flexion, is associated with L1 and L2. The gastrocnemius muscle is primarily innervated by the S1 and S2 nerve roots, as it plays a role in plantar flexion. Thus, these muscles

3. What does Fryette's third law state about joints and motion?

- A. Motion one plane does not affect other planes**
- B. Motion in one plane alters motion in other planes**
- C. All planes of motion are independent**
- D. Only the transverse plane is affected by movement**

Fryette's third law states that motion in one plane alters motion in other planes, which is fundamental in understanding the biomechanics of spinal motion. This concept highlights the interdependence of movements; when a joint is moved in one direction, it can influence the range and quality of motion in other directions. This is particularly relevant in osteopathic manipulative treatment and assessment of spinal mechanics. While joint movement might appear to be isolated within a single plane, Fryette's third law illustrates that the anatomical and physiological relationships among different planes of motion are interconnected. For example, if the spine is flexed (a motion in the sagittal plane), this can lead to restrictions or changes in rotation or side-bending (transverse and coronal planes, respectively). This principle aids in the understanding of conditions such as spinal restrictions, where multiple planes of motion may be compromised due to dysfunction or pathology. The other options suggest alternatives that do not align with the known effects of joint mechanics as described by Fryette's laws. Specifically, they incorrectly imply that movements in different planes are either completely independent or only affected under limited circumstances, which is contrary to the observed interaction between joint movements across different planes.

4. In which year did AT Still pass away?

- A. 1896**
- B. 1910**
- C. 1917**
- D. 2001**

Andrew Taylor Still, the founder of osteopathy, passed away in 1917. His contributions to medicine and the establishment of osteopathic medicine were significant, as he promoted a holistic approach to healthcare that emphasized the body's ability to heal itself. The year of his death is notable in the context of osteopathic history, marking the end of an era for the founding figure of this medical discipline. The other years presented as options do not correspond with his death. 1896 predates his foundation of the osteopathic movement, while 1910 and 2001 are also incorrect, as they are not significant milestones related to Still's life and contributions to medicine.

5. What does a DTR Grade 1 indicate?

- A. Minimal response**
- B. Mid range normal response**
- C. Slightly hyperactive response**
- D. Hyperactive w/ clonus**

A DTR (Deep Tendon Reflex) Grade 1 indicates a minimal response to a stimulus. This grading system is used to evaluate the integrity of the reflex arc and the activity of the nervous system. A Grade 1 response suggests that the reflex is present but diminished, which may indicate potential neurological issues or may simply reflect an individual's baseline reflex activity. In the context of neurology, reflexes are assessed on a scale from 0 to 4+. A Grade 1 signifies that although there is a reflex action occurring, it is not brisk or pronounced, thereby falling under the category of hypoactive reflexes. This information can provide key insights into a patient's neurological status and help guide further investigations or treatment strategies.

6. In unilateral sacral flexion, where is the sulcus deep?

- A. On the opposite side of the ILA**
- B. On the same side as the ILA**
- C. On both sides equally**
- D. Not applicable**

In unilateral sacral flexion, the sulcus is deep on the same side as the inferior lateral angle (ILA). This relationship occurs due to the mechanics of sacral movement. When unilateral sacral flexion occurs, the sacrum flexes and rotates forward on one side, which causes the ILA on that side to move anteriorly while causing the sulcus to become more pronounced or deeper. On the side of the ILA, the anatomy is affected significantly by the flexion. This deepening indicates that the side of the ILA is experiencing a relative restriction of movement, as the sacral motion creates asymmetry in the region. Consequently, clinicians often assess the depth of the sulcus along with palpating the ILA to determine the sacral motion patterns and to provide necessary treatments or adjustments for any dysregulation or dysfunction related to sacral mechanics. Other options do not accurately reflect sacral motion mechanics in this context. Understanding this dynamic is essential for diagnosing and treating sacroiliac dysfunctions effectively.

7. In bilateral sacral flexion, what happens to the spring test results?

- A. Remains constant**
- B. Inverts the response**
- C. Becomes negative**
- D. Can vary depending on position**

In the context of bilateral sacral flexion, understanding the spring test results is essential for identifying the functional mechanics of the sacrum. Bilateral sacral flexion occurs when the sacrum moves forward (a motion that is flexion), which can lead to specific responses during manual examination. The spring test assesses the mobility of the sacrum by applying a springing force to the sacral area while the patient is prone. Under normal conditions, the sacral motion should allow the examiner to feel resistance against the springing motion if the sacrum is in a neutral position. However, in cases of bilateral sacral flexion, the normal range of sacral motion is altered. When performing this test in the presence of bilateral sacral flexion, the sacral base is typically found to be anteriorly positioned, leading to decreased resistance to the springing motion. This results in a negative spring test, indicating that there is less resistance than expected, which is characteristic of the altered biomechanics present during bilateral sacral flexion. This understanding clarifies why a negative spring test result occurs specifically in this pattern of sacral motion, distinguishing it clearly within the broader context of sacral mechanics as it relates to somatic dysfunction.

8. What type of motion is characterized by lateral bending?

- A. Coronal plane motion**
- B. Transverse plane motion**
- C. Sagittal plane motion**
- D. Vertical plane motion**

Lateral bending refers to the side-to-side movement of the body, which occurs primarily in the coronal plane. This plane divides the body into anterior (front) and posterior (back) portions and is associated with movements that involve bending the torso or limbs side to side. When discussing the types of motions, movements in the coronal plane include actions such as abduction and adduction, as well as lateral flexion of the spine, which aligns directly with lateral bending. Understanding this is crucial because it emphasizes how different anatomical planes coordinate distinct types of motion, further underscoring the differentiation between lateral bending and motions classified under other planes, such as transverse or sagittal. The transverse plane mainly involves rotational movements, while the sagittal plane is associated with forward and backward movements, such as flexion and extension. Vertical plane motion is not commonly recognized in the same way as the three primary planes (coronal, transverse, sagittal) and does not specifically relate to lateral bending.

9. The anterior lower leg is associated with which dermatome?

- A. Dermatome S1**
- B. Dermatome L5**
- C. Dermatome L3**
- D. Dermatome T10**

The correct association of the anterior lower leg with dermatome L5 is based on the specific nerve root innervations corresponding to that region. The L5 dermatome includes sensory distribution over the anterior leg and part of the lateral aspect of the lower leg, extending to the dorsum of the foot. Individuals with L5 nerve root involvement may experience sensory changes, weakness, or pain in this area. This is important in clinical practice for diagnosing conditions such as herniated discs or peripheral nerve entrapments affecting the lower extremity. Understanding dermatomes is essential in clinical examinations and for localizing neurologic deficits. The other choices refer to different regions; for instance, S1 primarily impacts the lateral aspect of the foot and posterior leg, L3 covers the anterior thigh, and T10 corresponds to the lower abdomen, excluding the anterior lower leg from those dermatomes.

10. In a Right on Left sacral torsion, which sulcus is typically deep?

- A. Left**
- B. Right**
- C. Both**
- D. None**

In a Right on Left sacral torsion, the left sulcus is typically deep because of the mechanics involved in the torsion. In this sacral dysfunction, rotation occurs around the oblique axes that are oriented from the left sacral sulcus to the right inferior lateral angle. As the sacrum rotates, the left side becomes compressed and results in a deepening of the left sulcus. Conversely, the right sulcus is raised as the right inferior lateral angle moves forward. This pattern is a hallmark of Right on Left sacral torsion, which can often be appreciated during a physical examination. The asymmetry is a key feature in diagnosing the type of torsion based on palpatory findings. Recognizing these anatomical and biomechanical relationships is crucial for accurately diagnosing and treating sacral torsion issues in an osteopathic context.

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://comlex-usa.examzify.com>

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