

COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION (COMLEX USA) PRACTICE (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

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- 1. What is the relation between dermatome T4 and the body?**
 - A. Covers the thumb
 - B. Covers the middle finger
 - C. Covers the nipple
 - D. Covers the xyphoid process
- 2. Which vertebral levels are associated with the ureters?**
 - A. T10-L1
 - B. L1-L2
 - C. T12
 - D. T8-T10
- 3. For a right on left sacral torsion, the lumbar curve is typically convex to which side?**
 - A. Left
 - B. Right
 - C. Center
 - D. None
- 4. What is the outcome of the parasympathetic nervous system on lung motility?**
 - A. Increased bronchial tone
 - B. Decreased lung capacity
 - C. Bronchial dilation
 - D. Bronchial constriction
- 5. What dermatome corresponds to the medial lower leg?**
 - A. Dermatome S2
 - B. Dermatome L4
 - C. Dermatome L5
 - D. Dermatome T12

- 6. Which ribs are considered 'true' ribs?**
- A. Ribs 1-7
 - B. Ribs 8-10
 - C. Ribs 11-12
 - D. Ribs 6-8
- 7. What type of osteopathic technique is High-velocity low-amplitude (HVLA)?**
- A. Direct
 - B. Indirect
 - C. Both
 - D. Neither
- 8. The straight leg raise test is designed to assess which muscle group?**
- A. Quadriceps
 - B. Gluteus medius
 - C. Psoas
 - D. Hamstrings
- 9. What does a healed unilateral sacral torsion typically indicate about the sacrum's position?**
- A. Its stability
 - B. Its lateral mobility
 - C. Its overall flexibility
 - D. Its minor rotations
- 10. What contributed to the acceptance of COMLEX in Louisiana?**
- A. Presence of cranial osteopathy
 - B. Recognition of D.O. degrees
 - C. Standardization of medical education
 - D. Improvement in health outcomes during pandemics

Answers

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

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Explanations

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1. What is the relation between dermatome T4 and the body?

- A. Covers the thumb
- B. Covers the middle finger
- C. Covers the nipple**
- D. Covers the xyphoid process

The correct answer relates to the sensory distribution of dermatomes, which are specific areas of the skin innervated by sensory fibers of a single spinal nerve root. The T4 dermatome is particularly known for its correspondence with the level of the nipple on the human torso. This means that if one experiences sensory changes or issues in the T4 dermatome, it might coincide with sensations felt at the nipple area. Understanding the intimacy of dermatomes and the areas they affect is crucial in clinical practice, especially in diagnosing conditions related to nerve injury or diseases that may have cutaneous manifestations. Recognizing that the T4 level corresponds with the nipple helps clinicians localize issues effectively in both neurological and surgical contexts. In contrast, the other options relate to different dermatomes: the thumb is typically associated with the C6 dermatome, the middle finger aligns with C7, and the xyphoid process is innervated by T7. This illustrates how specific regions of the body are mapped to distinct spinal nerve roots, emphasizing the importance of understanding these mappings in clinical assessments.

2. Which vertebral levels are associated with the ureters?

- A. T10-L1**
- B. L1-L2
- C. T12
- D. T8-T10

The correct answer indicates that the ureters are associated with the vertebral levels from T10 to L1. This range reflects the anatomical course of the ureters as they travel from their origin at the renal pelvis in the kidneys down to the bladder. The ureters begin at the hilum of each kidney, which is located at approximately the L1 level, and then they move downwards and laterally to cross over the pelvic brim, which occurs at the T10 level. This anatomical association is significant, as it aids in understanding the referred pain patterns and potential injury sites related to abdominal and urinary pathologies. Understanding the primary nerve supply to the ureters is also tied to these levels. The sympathetic innervation arises from the thoracolumbar region (T10-L1) of the spinal cord. This correlates with the pain pathways that can be engaged in conditions affecting the ureters, such as kidney stones or infections, which often present with referred pain to the T10-L1 dermatomes. In contrast, the other vertebral levels mentioned do not encompass the full anatomical trajectory of the ureters, and thus do not accurately represent where they are located.

3. For a right on left sacral torsion, the lumbar curve is typically convex to which side?

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

In the case of a right on left sacral torsion, the lumbar curve typically becomes convex to the left side. This pattern occurs because, during a right on left sacral torsion, the sacrum rotates to the right while the left sacroiliac joint is restricted, resulting in a compensatory curve in the lumbar spine. When the sacrum is in this torsional position, the lumbar spine adapts by developing a compensatory curve that occurs in the opposite direction of the sacral rotation. This means that if the sacrum is rotated to the right (in this case, a right on left torsion), the lumbar spine will curve to the left to maintain balance and stability in the spine. This compensation helps the body adjust to any functional or postural alterations that arise due to the torsion. Understanding this relationship between the sacral position and lumbar curvature is crucial in osteopathic manipulative treatment and diagnosing conditions related to sacral and lumbar dysfunction.

4. What is the outcome of the parasympathetic nervous system on lung motility?

- A. Increased bronchial tone**
- B. Decreased lung capacity
- C. Bronchial dilation
- D. Bronchial constriction

The outcome of the parasympathetic nervous system on lung motility primarily results in increased bronchial tone. This is achieved through the release of acetylcholine from parasympathetic nerves, which binds to muscarinic receptors on the bronchial smooth muscles. This interaction causes the smooth muscles to contract, leading to bronchoconstriction. Increased bronchial tone is essential for regulating airflow and is particularly beneficial during times of rest and digestion, where a more relaxed state is advantageous. While bronchial constriction may inherently imply increased tone, referring to it specifically as "increased bronchial tone" emphasizes the ongoing physiological state as opposed to just the act of constricting. This can help in understanding conditions like asthma, where parasympathetic hyperactivity can lead to excessive bronchoconstriction and decreased airflow. It is important to note that bronchial dilation, which might occur under the influence of the sympathetic nervous system, contrasts with the effects of the parasympathetic nervous system and is mediated by different mechanisms involving adrenergic receptors. Similarly, decreased lung capacity would not directly stem from the actions of the parasympathetic system but rather from a combination of factors affecting lung function, including but not limited to bronchial tone.

5. What dermatome corresponds to the medial lower leg?

- A. Dermatome S2
- B. Dermatome L4**
- C. Dermatome L5
- D. Dermatome T12

The correct response identifies dermatome L4 as corresponding to the medial lower leg. In the context of dermatomes, specific regions of the skin are innervated by specific spinal nerves. The L4 dermatome covers the area of the skin on the medial side of the lower leg, which is important for understanding both neuroanatomy and clinical assessment of sensory function. The relevance of the L4 dermatome is particularly significant during a physical examination or when evaluating a patient with potentially compromised nerve function, as sensory deficits in this area can indicate issues related to the lumbar spine or the L4 nerve root. Additionally, it is essential for clinicians to understand dermatomes for effective diagnosis and treatment of conditions like herniated discs or radiculopathy. Understanding the dermatomes helps to create a more comprehensive picture of the body's neural mapping and informs differential diagnoses for conditions resulting in numbness or pain in specific skin areas.

6. Which ribs are considered 'true' ribs?

- A. Ribs 1-7**
- B. Ribs 8-10
- C. Ribs 11-12
- D. Ribs 6-8

True ribs are classified as those which have a direct attachment to the sternum via their costal cartilage. In human anatomy, the first seven pairs of ribs (ribs 1 through 7) are designated as true ribs because they each connect individually to the sternum in this manner. This anatomical feature plays a significant role in protecting vital organs in the thorax and supporting respiratory mechanics. In contrast, the ribs numbered 8 through 10 are termed false ribs because they do not attach directly to the sternum; instead, their costal cartilages connect to the cartilage of the rib above. Ribs 11 and 12 are classified as floating ribs, as they do not have any anterior attachment to the sternum or cartilage. The distinction among these rib categories is based on their structural connections rather than their external appearances or position in the thoracic cage.

7. What type of osteopathic technique is High-velocity low-amplitude (HVLA)?

- A. Direct**
- B. Indirect
- C. Both
- D. Neither

High-velocity low-amplitude (HVLA) technique is classified as a direct technique within osteopathic manipulative treatment (OMT). This classification is based on the fundamental concept of HVLA, which involves placing the targeted joint into its restriction barrier and applying a quick, precise thrust to achieve the desired motion and therapeutic effect. Direct techniques, like HVLA, involve engaging the restricted area, using a controlled force to realign structures and restore proper function. The practitioner utilizes their hands to facilitate this approach, emphasizing the importance of aligning and adjusting the involved joints to achieve optimal range of motion and healing. In contrast, indirect techniques entail moving away from the restrictive barrier, allowing the body's natural healing mechanisms to address the issue without direct manipulation to that area. Therefore, the nature of HVLA aligns with the principles of direct manipulation, making this choice accurate.

8. The straight leg raise test is designed to assess which muscle group?

- A. Quadriceps
- B. Gluteus medius
- C. Psoas**
- D. Hamstrings

The straight leg raise test is primarily utilized to evaluate the function and strength of the hip flexors, with a specific focus on the psoas muscle. This test involves having the patient lie supine while raising one leg straight up without bending the knee. When the leg is raised, the psoas muscle is engaged, and any weakness or restriction can be observed. Hence, in the context of patients presenting with hip or lower back issues, this test is particularly effective in assessing the integrity and strength of the hip flexor group, especially the psoas major, which plays a key role in hip flexion. The other muscle groups listed, like the quadriceps, gluteus medius, and hamstrings, do have their own distinct functions and are involved in different movements assessed through separate tests. The quadriceps primarily facilitate knee extension, the gluteus medius is mainly responsible for hip abduction and stabilization, while the hamstrings primarily engage in knee flexion. Therefore, the straight leg raise test specifically targets the hip flexors, making the psoas the correct association for the question presented.

9. What does a healed unilateral sacral torsion typically indicate about the sacrum's position?

- A. Its stability**
- B. Its lateral mobility
- C. Its overall flexibility
- D. Its minor rotations

A healed unilateral sacral torsion indicates that the sacrum has become stable in its position following the torsional strain. In this context, a unilateral sacral torsion refers to a situation where there is an asymmetrical positioning of the sacrum, resulting from stress or injury, which subsequently heals into a stable state. Stability in this instance means that the sacrum has adjusted and adapted to the torsion, allowing it to maintain a specific orientation without returning to a more neutral or previously mobile state. The healing process typically involves the soft tissues and ligaments surrounding the sacrum, which contribute to the stabilization of the joint. This stability allows for normal physiological function while mitigating the risk of further injury or dysfunction in the region. Other options may hint at characteristics related to mobility or rotation but do not align with the concept of a "healed" state. The focus on stability reflects an understanding of how the body compensates and stabilizes following an injury, positioning the sacrum in a reliable manner for ongoing function.

10. What contributed to the acceptance of COMLEX in Louisiana?

- A. Presence of cranial osteopathy
- B. Recognition of D.O. degrees
- C. Standardization of medical education
- D. Improvement in health outcomes during pandemics

The acceptance of COMLEX in Louisiana was significantly influenced by the recognition of D.O. degrees. When the state formally acknowledged the legitimacy of the Doctor of Osteopathy (D.O.) degree, it paved the way for osteopathic physicians to practice medicine alongside allopathic physicians (M.D.s) and contributed to the integration of osteopathic curricula within the healthcare framework of the state. This recognition boosted the confidence in the training and competencies of D.O.s, which in turn facilitated the wider acceptance of COMLEX as a valid competency assessment tool for osteopathic physicians. The presence of cranial osteopathy, while an important element of osteopathic practice, is more specific to osteopathic philosophy rather than a broad factor contributing to acceptance of the licensing exam. Standardization of medical education might have played a role generally across the nation but does not directly tie to Louisiana's specific acceptance of the exam. Similarly, while improvements in health outcomes are always a priority in medicine, particularly during public health crises like pandemics, they do not directly correlate with the acceptance of a specific licensing exam within a state.

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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://comlex-usa.examzify.com>

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

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