

DAA EXAM 1 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. Which of the following joints is a hinge joint?

- A. Radiocarpal
- B. Interphalangeal
- C. Atlantooccipital
- D. Temporomandibular

2. Why is T10 atypical?

- A. Only a full pair of facets, articulates with rib 10
- B. Has demi facets for ribs 9 and 10
- C. Lacks costal facets
- D. Has three facets per side

3. Costotransverse bar is typically found on which group of vertebrae?

- A. Typical cervical vertebrae
- B. Typical lumbar vertebrae
- C. Typical thoracic vertebrae
- D. Typical sacral vertebrae

4. Which of the following is NOT a part of the sternum?

- A. Manubrium
- B. Body
- C. Xiphoid Process
- D. Transverse Process

5. The sternoclavicular joints are best described as which term?

- A. Multiaxial
- B. Synovial
- C. Sellar
- D. Saddle

6. Which statement about endochondral ossification is accurate?

- A. It forms most of the limbs, pelvis, vertebrae
- B. It forms the skull bones
- C. It forms only facial bones
- D. It forms the clavicle entirely

7. Using a functional classification term, you tell me that an _____ joint is defined as being slightly moveable.
- A. Diarthrotic
 - B. Synarthrotic
 - C. Amphiarthrotic
 - D. Synarthrosis
8. In regard to origin versus insertion, the attachment that typically does not move and stays fixed is the _____.
- A. Insertion
 - B. None
 - C. Origin
 - D. Both
9. Which joints are often referred to as the transverse tarsal joints?
- A. talocrural and subtalar
 - B. talocalcaneonavicular and calcaneocuboid
 - C. subtalar and calcaneocuboid
 - D. talocrural and calcaneocuboid
10. The crista galli is a feature of which bone?
- A. Frontal
 - B. Sphenoid
 - C. Ethmoid
 - D. Temporal

Answers

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

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Explanations

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1. Which of the following joints is a hinge joint?

- A. Radiocarpal
- B. Interphalangeal**
- C. Atlantooccipital
- D. Temporomandibular

Joints that are hinge joints allow motion in one plane around a single axis, mainly flexion and extension, like a door hinge. The joints between the finger bones fit this description, enabling bending and straightening in one plane. The radiocarpal joint (radius and carpal bones) is a condyloid joint with two axes, supporting flexion/extension plus deviation. The atlantooccipital joint is also ellipsoidal/condyloid, permitting nodding with limited lateral movement. The temporomandibular joint combines hinge movement with gliding, so it isn't a pure hinge. So, the finger interphalangeal joints are the hinge joints.

2. Why is T10 atypical?

- A. Only a full pair of facets, articulates with rib 10**
- B. Has demi facets for ribs 9 and 10
- C. Lacks costal facets
- D. Has three facets per side

In thoracic vertebrae, rib articulation is carried by costal facets on the body and a transverse facet on the transverse process. Most thoracic vertebrae have two demi-facets on the body that accommodate the head of a rib, working with the vertebra above and below. Tenth thoracic vertebra stands out because its body carries a single, complete costal facet for the tenth rib, rather than the usual pair of demi-facets. This makes the pattern of rib articulation on T10 different from the typical thoracic vertebrae.

3. Costotransverse bar is typically found on which group of vertebrae?

- A. Typical cervical vertebrae**
- B. Typical lumbar vertebrae
- C. Typical thoracic vertebrae
- D. Typical sacral vertebrae

The costotransverse bar relates to the point where the rib tubercle articulates with the transverse process. This costotransverse articulation is a feature of typical thoracic vertebrae, which have a transverse costal facet on the transverse process to receive the rib tubercle. Cervical vertebrae lack these transverse costal facets (ribs do not articulate with their transverse processes), lumbar vertebrae have no costal facets, and the sacrum is fused with no direct costal articulations. So, the costotransverse bar is typical of the thoracic vertebrae.

4. Which of the following is NOT a part of the sternum?

- A. Manubrium
- B. Body
- C. Xiphoid Process
- D. Transverse Process**

The sternum is a single midline chest bone that develops from three parts: the manubrium at the top, the body in the middle, and the xiphoid process at the bottom. The manubrium connects with the clavicles and the first two ribs, the body bears facets for ribs 2–7, and the xiphoid process is the small tip at the bottom. The transverse process, on the other hand, is a projection of a vertebra in the spinal column and does not belong to the sternum. It's a feature of the vertebral arch, not a part of the chest midline bone. So the item that is not part of the sternum is the transverse process.

5. The sternoclavicular joints are best described as which term?

- A. Multiaxial
- B. Synovial
- C. Sellar
- D. Saddle**

The shape of the joint surfaces defines its movement. The sternoclavicular joint has saddle-shaped articular surfaces, with one surface convex in one direction and concave in the other, allowing movement in two planes (lifting–lowering and sliding forward–backward) and a bit of rotation as the shoulder moves. This makes it best described as a saddle joint. Synovial is a broader category, and while the joint is synovial, the most specific term is saddle. Sellar is just another word for saddle, but "saddle" is the standard term used.

6. Which statement about endochondral ossification is accurate?

- A. It forms most of the limbs, pelvis, vertebrae**
- B. It forms the skull bones
- C. It forms only facial bones
- D. It forms the clavicle entirely

Endochondral ossification forms bone by replacing a hyaline cartilage model with bone tissue, and this pathway builds most of the skeleton, especially the long bones of the limbs as well as the pelvis and vertebrae. That's why the statement identifying the limbs, pelvis, and vertebrae as arising from endochondral ossification is the correct one. By contrast, many skull bones and facial bones develop mainly through intramembranous ossification, where bone forms directly from mesenchyme without a cartilage stage; the clavicle is largely formed intramembranously as well, with only limited endochondral contribution. So endochondral ossification accounts for the core parts listed (limbs, pelvis, vertebrae), making that option the best choice.

7. Using a functional classification term, you tell me that an _____ joint is defined as being slightly moveable.

- A. Diarthrotic
- B. Synarthrotic
- C. Amphiarthrotic**
- D. Synarthrosis

Functional classification of joints groups them by motion: immovable, slightly movable, and freely movable. Slightly movable joints are called amphiarthrotic joints. This category includes joints that allow limited motion, like the intervertebral joints and the pubic symphysis, which provide stability while still permitting some movement. The term amphiarthrotic directly describes that limited mobility. Diarthrotic means freely movable, so that's not correct for slightly movable. Synarthrotic refers to immovable joints, and synarthrosis is the name for an immobile joint type.

8. In regard to origin versus insertion, the attachment that typically does not move and stays fixed is the _____.

- A. Insertion
- B. None
- C. Origin**
- D. Both

In most muscles, the end that stays fixed is the origin. When a muscle contracts, it shortens and the insertion moves toward the origin to create movement at the joint, while the origin acts as the anchor. For example, in elbow flexion the biceps inserts on the radius and the origin on the scapula; the radius moves toward the shoulder as the scapula remains relatively fixed. Hence, the attachment that typically does not move is the origin. The insertion is the moving end, and saying both move or neither move doesn't fit the usual pattern.

9. Which joints are often referred to as the transverse tarsal joints?

- A. talocrural and subtalar
- B. talocalcaneonavicular and calcaneocuboid**
- C. subtalar and calcaneocuboid
- D. talocrural and calcaneocuboid

The transverse tarsal joints are the joints that cross the midfoot area and connect the hindfoot to the forefoot, allowing the foot to adapt to surfaces. They consist of the talocalcaneonavicular joint and the calcaneocuboid joint. The talocalcaneonavicular joint involves the talus, calcaneus, and navicular bones, while the calcaneocuboid joint lies between the calcaneus and the cuboid. Together, they form a functional linkage that enables inversion and eversion of the foot by allowing forefoot motion to accompany hindfoot movement. This is why those two joints are identified as the transverse tarsal joints.

10. The crista galli is a feature of which bone?

- A. Frontal
- B. Sphenoid
- C. Ethmoid**
- D. Temporal

The crista galli is a midline projection of the ethmoid bone, rising from the cribriform plate. It serves as the attachment point for the falx cerebri, the dural fold that helps separate the two cerebral hemispheres. Because of this distinctive attachment and location, the crista galli is a feature of the ethmoid bone, not the frontal, sphenoid, or temporal bones. The ethmoid lies between the nasal cavity and the brain and also contributes to the walls of the nasal cavity and orbits, with the crista galli anchoring the dura mater to stabilize the brain within the skull.

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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://daa1.examzify.com>

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

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