

DEFENSIVE TACTICS (DT) SUBJECT CONTROL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://dtsubjectcontrol.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

1. Passive resistance is defined as

- A. Any Resistance Where The Subject Actively Fights To Defeat The Officer s Touch And Control
- B. The Subject Does Not Attempt To Defeat The Officer s Contact Attempts But Will Not Voluntarily Comply With Verbal Or Physical Control
- C. The Subject Fully Complies With Verbal Commands
- D. The Subject Remains Motionless

2. What are the ethical obligations of officers when force is used?

- A. Administer care, document, report promptly, and review for policy compliance and accountability.
- B. Conceal information to protect the department's image.
- C. Immediately resign from duty.
- D. Only document after a lengthy internal review.

3. What is the ideal distance between you and a subject when interviewing them?

- A. 6-8 ft
- B. 2-3 ft
- C. 12-15 ft
- D. 0-1 ft

4. What is the purpose of scenario-based testing in a defensive tactics program?

- A. To evaluate only theoretical knowledge.
- B. To test memory of policy numbers.
- C. To assess performance in realistic situations and ensure readiness.
- D. To replace all field training.

5. What legal standard guides a DT officer's use of force?

- A. The suspect's fear determines the outcome.
- B. The officer's personal belief alone.
- C. A policy restricting any force except verbal commands.
- D. Reasonableness under the totality of the circumstances, as evaluated by relevant case law (e.g., *Graham v. Connor*).

- 6. During most arrests, what level of resistance do subjects show?**
- A. Verbal Direction/Officer Presence
 - B. Passive Compliance
 - C. High Resistance
 - D. Physical Resistance
- 7. What is a chokehold?**
- A. A method to restrain using the hips
 - B. A shoulder press
 - C. A joint lock on the arm
 - D. When someone is choking you and you cannot breathe
- 8. List two medical considerations to monitor after any force incident.**
- A. Breathing status and consciousness; signs of distress or potential trauma, and ensure medical evaluation when necessary.
 - B. Eye color and height.
 - C. Hair color and preferred music.
 - D. Dietary habits and sleep patterns.
- 9. When performing wrist lock handcuffing, which body part goes into the suspect's shoulder?**
- A. Elbow
 - B. Foot
 - C. Knee
 - D. Shoulder blade
- 10. What does EMD stand for?**
- A. Electro-Muscular Disruption Technology Device
 - B. Electro-Magnetic Disruption Device
 - C. Electro-Magnetic Defense Technology
 - D. Electro-Muscular Deterrent Device

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Passive resistance is defined as

- A. Any Resistance Where The Subject Actively Fights To Defeat The Officer's Touch And Control
- B. The Subject Does Not Attempt To Defeat The Officer's Contact Attempts But Will Not Voluntarily Comply With Verbal Or Physical Control
- C. The Subject Fully Complies With Verbal Commands
- D. The Subject Remains Motionless

Passive resistance describes behavior where a person does not try to physically block or defeat the officer's contact attempts, but refuses to voluntarily comply with verbal or physical control. It sits between compliance and active resistance on the resistance spectrum: no fighting, but non-cooperation with commands or control. This is why the statement is the best fit, because it explicitly includes both non-defeat of contact and non-voluntary non-compliance. The other descriptions miss key pieces: actively fighting to defeat contact is active resistance; full compliance is no resistance at all; remaining motionless only captures a single moment and doesn't address the non-compliance aspect. In practice, recognizing passive resistance informs your approach with de-escalation and clear, calm commands while ensuring safety and readiness to adjust if the situation escalates.

2. What are the ethical obligations of officers when force is used?

- A. Administer care, document, report promptly, and review for policy compliance and accountability.
- B. Conceal information to protect the department's image.
- C. Immediately resign from duty.
- D. Only document after a lengthy internal review.

When force is used, the primary obligation is to protect life and safety first. Officers should provide appropriate medical or welfare aid if needed, then document what happened accurately. Promptly reporting the incident to supervisors and relevant authorities is essential to ensure transparency and legal/compliance requirements are met. Finally, a timely review of the incident helps determine if actions aligned with policy and to hold the process accountable, guiding improvements and preventing abuse. This approach upholds trust, supports fair investigations, and drives policy and training improvements. Concealing information undermines legitimacy and legality. Resigning immediately ignores ongoing duty and accountability. Delaying documentation until after a lengthy internal review delays accountability. So administering care, documenting, reporting promptly, and reviewing for policy compliance and accountability is the best course.

3. What is the ideal distance between you and a subject when interviewing them?

- A. 6-8 ft**
- B. 2-3 ft
- C. 12-15 ft
- D. 0-1 ft

Maintaining appropriate distance during an interview is about balancing safety with the ability to read the subject and communicate effectively. Six to eight feet gives you enough personal space to de-escalate verbally and observe body language without crowding the subject, while still keeping the subject within your line of sight and within reach for a quick, controlled movement if needed. From this range you can see hands and posture clearly, you have time to react to sudden movements, and you can use your presence to project calm and control. Getting closer, like within a couple of feet, can push the subject into your personal space and may be interpreted as aggressive, increasing the chance of a tense or impulsive reaction and reducing your reaction time. Being much farther away, around a longer arm's reach or more, makes it harder to engage, observe subtleties, and maintain the command presence necessary for effective communication and safety. So, the six-to-eight-foot range hits the sweet spot: safe, observable, and conducive to de-escalation and control.

4. What is the purpose of scenario-based testing in a defensive tactics program?

- A. To evaluate only theoretical knowledge.
- B. To test memory of policy numbers.
- C. To assess performance in realistic situations and ensure readiness.**
- D. To replace all field training.

Scenario-based testing targets how trainees perform in realistic, controlled yet challenging situations. It measures the ability to perceive a dynamic threat, make quick, sound decisions, and apply techniques safely and effectively under pressure. This kind of testing shows whether someone can translate classroom concepts into real-world actions—verbal commands, positioning, control holds, escort tactics, and de-escalation when appropriate—while maintaining safety for all parties involved. It also helps instructors gauge timing, precision, and adherence to policy under stress, which are critical for true readiness. This approach goes beyond just knowing rules or reciting policy numbers; it examines decision-making, problem-solving, and the physical execution of skills as they would unfold in the field. It's not about replacing field training; it complements it by revealing gaps in practical application and guiding targeted practice to improve overall preparedness.

5. What legal standard guides a DT officer's use of force?

- A. The suspect's fear determines the outcome.
- B. The officer's personal belief alone.
- C. A policy restricting any force except verbal commands.
- D. Reasonableness under the totality of the circumstances, as evaluated by relevant case law (e.g., *Graham v. Connor*).**

*Reasonableness under the totality of the circumstances, as informed by case law like *Graham v. Connor*, guides a DT officer's use of force. This means the force used must be objectively reasonable from the perspective of a reasonable officer on the scene with the information available at that moment, not with the benefit of hindsight. Several factors influence this assessment: the seriousness of the offense, whether there is an immediate threat to the officer or others, the level of resistance or evasion, the number and size of the suspect, any weapons or presence of weapons, and the availability of less-lethal options. The standard requires the amount of force to be proportional and necessary to achieve a lawful objective, given the circumstances as they unfolded. Policies and training play a supporting role, but they do not override the legal standard of reasonableness. When evaluating actions, courts look to what the officer knew at the time and how a reasonable officer would have acted in those conditions. The other ideas—relying on fear, basing decisions on the officer's personal belief alone, or following a policy that prohibits all force beyond verbal commands—do not fit the legal framework. Fear is not the measure; personal belief isn't the standard; and while policies guide behavior, they must align with the objective reasonableness standard in real, evolving encounters.*

6. During most arrests, what level of resistance do subjects show?

- A. Verbal Direction/Officer Presence**
- B. Passive Compliance
- C. High Resistance
- D. Physical Resistance

The key idea here is that most arrests start with clear verbal commands and visible officer presence, which tends to elicit verbal compliance and minimize resistance. When an officer speaks with authority and shows they are in control, most subjects respond by following directions and avoiding escalation. This approach aligns with safety and control priorities, because it uses communication to de-escalate and gain voluntary compliance before any physical contact is needed. While some individuals may deviate and resist more forcefully, those higher levels of resistance are less common at the outset; they typically arise only if verbal directives aren't followed or de-escalation fails.

7. What is a chokehold?

- A. A method to restrain using the hips
- B. A shoulder press
- C. A joint lock on the arm
- D. When someone is choking you and you cannot breathe**

A chokehold is a restraint intended to restrict breathing by pressing on the neck or airway, making it hard or impossible to breathe. The best choice describes the real-world effect of a chokehold: when someone is choking you and you cannot breathe. That captures the key outcome—the airway is blocked and breathing is impaired. The other options point to different techniques or actions that don't involve restricting the airway. A hip-based restraint uses the hips to control someone, not the neck or airway. A shoulder press is a strength or weightlifting move, not a control hold. A joint lock on the arm is a submission technique that manipulates joints, not a choke. In DT contexts, it's important to recognize chokeholds as dangerous and often prohibited, with emphasis on escaping, creating space, and getting to safety rather than applying or relying on them.

8. List two medical considerations to monitor after any force incident.

- A. Breathing status and consciousness; signs of distress or potential trauma, and ensure medical evaluation when necessary.**
- B. Eye color and height.
- C. Hair color and preferred music.
- D. Dietary habits and sleep patterns.

After any force incident, focus on immediate life-safety indicators: breathing status and level of consciousness. Breathing status means watching that air is moving in and out normally, noting the rate, depth, effort, and any difficulties like wheezing or chest strain. Changes here can signal airway problems, chest injuries, or other breathing trouble. Consciousness involves how alert the person is, their orientation to person, place, and time, and whether they respond appropriately. A drop in responsiveness can indicate a concussion, head injury, or other neurologic issue. Also watch for signs of distress or potential trauma beyond these two, such as severe headache, dizziness, confusion, vomiting, vision changes, numbness or weakness, chest or abdominal pain, obvious bleeding, deformities, or neck/back pain. If any of these appear, seek medical evaluation promptly because some injuries aren't immediately obvious and can worsen without care. In practice, stabilize as needed, avoid movement if a spinal injury is suspected, and monitor until medical help arrives. The other choices don't reflect acute medical risk or injury indicators after a force incident.

9. When performing wrist lock handcuffing, which body part goes into the suspect's shoulder?

- A. Elbow
- B. Foot
- C. Knee**
- D. Shoulder blade

When you're wrist lock handcuffing, your goal is to create a strong, stable contact that allows you to control the suspect's upper body while you secure the cuffs. Placing your knee into the shoulder area achieves that by giving you a solid fulcrum near the center of gravity and using your body weight to press the upper torso downward. This helps you limit the suspect's ability to turn, rise, or pull away, making it easier to bring the other hand into view and complete the cuffing safely. The elbow isn't as stable or low-profile of a contact point for maintaining downward pressure over time, and it doesn't give you the same leverage. A foot is not a reliable or controlled contact point for restraining and can slip or be kicked away. Pressing into the shoulder blade is awkward and less effective for controlling the upper body and can create awkward angles that reduce control and increase risk. So, driving the knee into the shoulder area provides the most control, stability, and leverage to safely complete the restraint.

10. What does EMD stand for?

A. Electro-Muscular Disruption Technology Device

B. Electro-Magnetic Disruption Device

C. Electro-Magnetic Defense Technology

D. Electro-Muscular Deterrent Device

EMD refers to Electro-Muscular Disruption Technology Device in this context. The phrase points to a manufactured tool that uses electrical energy to interfere with voluntary muscle control, making it easier to gain compliance or control without applying physical force. The key idea is the electrical disruption of muscle signaling, not a magnetic effect or a generic defense label. The extra "Technology Device" helps signal that this is a specialized tool rather than a natural phenomenon. The other options don't fit because they either imply a different mechanism (electro-magnetic, which describes magnetic effects rather than direct muscle disruption) or a broader purpose (defense technology or deterrence) that doesn't specify the action on muscles. In practice, you'll also see the shorter form Electro-Muscular Disruption Device.

SAMPLE

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://dtsubjectcontrol.examzify.com>

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

SAMPLE