Extremity CLET Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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. **In the described ankle injury case, which finding supports sprain/strain over fracture?**

   A. Pain with weight bearing immediately after injury

   B. No bony tenderness on percussion

   C. Swelling and discoloration

   D. Tenderness to palpation over a bone

2. **Which imaging modality is most sensitive for evaluating suspected osteomyelitis in the limb?**

   A. MRI

   B. X-ray

   C. CT

   D. Ultrasound

3. **Hill-Sachs lesion is found on which part of the humeral head?**

   A. Anterior lateral

   B. Posterior lateral

   C. Anterior medial

   D. Posterior medial

4. **In trauma reconstruction, a free flap is used to cover large soft-tissue defects of which region?**

   A. Lower extremity

   B. Upper extremity

   C. Face

   D. Abdomen

5. **Osteochondral lesions of the talus are best evaluated with which imaging modality?**

   A. MRI

   B. CT

   C. X-ray

   D. Ultrasound

6. In an adult with a chronic history of relatively painless giving way in the knee during activities, which condition should be suspected?

A. Meniscus Tear

B. ACL Instability

C. True Locking

D. A Loose Body in the Joint

7. In patellofemoral rehabilitation, which intervention represents standard nonoperative management?

A. Open kinetic chain knee extension at full range

B. Immobilization in cast

C. Total knee replacement

D. Quadriceps strengthening

8. Osteochondrosis of the capitellum (Bannier's disease) affects which elbow structure?

A. Capitellum

B. Trochlea

C. Lateral epicondyle

D. Medial epicondyle

9. In Lower Crossed Syndrome, which factor most directly contributes to ischaemia of the lower extremity?

A. Arterial involvement of Piriformis shortness

B. Hypotonicity of the piriformis muscle

C. Neurological deficits of Iliopsoas muscle

D. Hypotonicity of the Iliopsoas muscle

10. Lower Crossed Syndrome is characterized by which combination?

A. Increased in lumbar kyphosis and anterior pelvic tilt

B. Increased in lumbar lordosis and posterior pelvic tilt

C. Increased in lumbar kyphosis and posterior pelvic tilt

D. Increased in lumbar lordosis and anterior pelvic tilt

Answers

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

Explanations

1. In the described ankle injury case, which finding supports sprain/strain over fracture?

A. Pain with weight bearing immediately after injury

B. No bony tenderness on percussion

C. Swelling and discoloration

D. Tenderness to palpation over a bone

In ankle injuries, whether the bone is actually fractured is hinted at by how the exam feels when you test the bone itself. No bony tenderness on percussion means tapping the bone doesn't provoke pain, which makes a fracture less likely and points toward a soft tissue injury like a sprain or strain where ligaments or muscles are affected but the bone remains intact. Pain with weight bearing, swelling with discoloration, and tenderness directly over a bone are less specific and can occur with either injury, though obvious bone tenderness would raise concern for a fracture. So the absence of bony tenderness on percussion best supports sprain/strain over fracture.

2. Which imaging modality is most sensitive for evaluating suspected osteomyelitis in the limb?

A. MRI

B. X-ray

C. CT

D. Ultrasound

Detecting bone infection early hinges on spotting bone marrow involvement. MRI does this best, because it reveals marrow edema and inflammatory changes before any bony destruction shows up on other tests. On MRI, acute osteomyelitis typically presents as low signal in the marrow on T1, high signal on T2/STIR due to edema, and characteristic post-contrast enhancement that highlights infected marrow plus any surrounding soft-tissue abscess or phlegmon. This combination provides a highly sensitive assessment of both bone and adjacent soft tissues, which is crucial for timely treatment. X-ray often looks normal early, since bone changes lag behind infection by days to weeks, making it less reliable initially. CT gives excellent detail of cortical bone and can identify sequestra and chronic changes, but it's less sensitive for early marrow edema. Ultrasound is useful for soft-tissue findings and guiding drainage but cannot reliably detect early bone marrow involvement. So, MRI is the most sensitive option for evaluating suspected osteomyelitis in the limb.

3. Hill-Sachs lesion is found on which part of the humeral head?

A. Anterior lateral

B. Posterior lateral

C. Anterior medial

D. Posterior medial

Hill-Sachs lesions are compression injuries of the humeral head that occur during anterior shoulder dislocations. As the head is driven forward into the glenoid, the anteroinferior rim of the glenoid clashes with the posterolateral surface of the humeral head, creating a dent in that region. That's why the defect lies on the posterior-lateral aspect of the humeral head. The anterior or medial surfaces aren't the sites of this characteristic lesion because the impact during an anterior dislocation targets the posterolateral quadrant. This location helps explain how the dented area can contribute to recurrent instability as the head moves and engages with the glenoid rim.

4. In trauma reconstruction, a free flap is used to cover large soft-tissue defects of which region?

A. Lower extremity

B. Upper extremity

C. Face

D. Abdomen

When a large soft-tissue defect appears after trauma, you need durable, well-vascularized tissue to cover exposed bone, tendons, or hardware and to fight infection. Local options are often limited or damaged, so transferring tissue from a distant site with its own blood supply via a microvascular anastomosis—the free flap—provides reliable coverage and supports healing. This approach is especially essential for the lower extremity, where achieving dependable coverage is one of the most challenging aspects of limb salvage after high-energy injuries. Free flaps can be tailored from various donor sites to match the defect, offering robust, long-lasting reconstruction.

5. Osteochondral lesions of the talus are best evaluated with which imaging modality?

A. MRI

B. CT

C. X-ray

D. Ultrasound

Imaging that shows cartilage and bone marrow status is essential for osteochondral lesions of the talus. MRI provides detailed visualization of the articular cartilage surface, depth and extent of the defect, and subchondral bone changes such as edema or cyst formation, along with any loose bodies or associated soft-tissue injuries. This allows accurate assessment of lesion stability and helps guide treatment. Plain X-rays often miss early or small lesions. CT gives excellent bone detail and can detect fragments, but it doesn't visualize cartilage and marrow changes as well as MRI. Ultrasound can assess soft tissues but has limited access to the talar dome and intra-articular cartilage. Therefore, MRI is the best choice for comprehensive evaluation.

6. In an adult with a chronic history of relatively painless giving way in the knee during activities, which condition should be suspected?

A. Meniscus Tear

B. ACL Instability

C. True Locking

D. A Loose Body in the Joint

Chronic painless giving way signals instability of the knee, most classically from an ACL deficiency. The ACL limits forward translation and rotation of the tibia; when it's not functioning, the knee tends to give way during activities that involve pivoting, cutting, or sudden stopping. Pain may be minimal if swelling hasn't developed or isn't prominent, which fits a gradual or less acute instability pattern. By contrast, a meniscal tear usually brings pain and swelling and may cause mechanical symptoms like locking or catching as the meniscus interferes with motion. A true locking episode is a specific inability to extend the knee due to a displaced fragment. A loose body can produce sudden catching and restricted movement as a fragment floats within the joint. So the pattern of chronic, relatively painless instability best points to ACL instability.

7. In patellofemoral rehabilitation, which intervention represents standard nonoperative management?

A. Open kinetic chain knee extension at full range

B. Immobilization in cast

C. Total knee replacement

D. Quadriceps strengthening

The main idea is that patellofemoral rehabilitation focuses on restoring knee alignment and patellar tracking through targeted muscle strengthening, especially the quadriceps. Strengthening the quadriceps improves how the patella tracks during knee bending by pulling it into a more stable position, which reduces excessive joint stress and pain and enhances function during activities like squatting and stairs. Because this condition is driven by dynamic control and alignment rather than tissue damage requiring immobilization, a program built around quadriceps strengthening is the standard nonoperative approach. It often includes progressive resistance exercises and may incorporate neuromuscular training and hip/core stabilization to support overall knee control. Immobilization in a cast would lead to stiffness and muscle loss, so it's not a treatment for patellofemoral problems. A total knee replacement is an invasive surgical option reserved for severe arthritis, not nonoperative management of PFPS. Open kinetic chain knee extension at full range can increase stress on the patellofemoral joint and is not the typical first-line approach in rehab. Therefore, focusing on quadriceps strengthening best fits standard nonoperative care.

8. Osteochondrosis of the capitellum (Bannier's disease) affects which elbow structure?

A. Capitellum

B. Trochlea

C. Lateral epicondyle

D. Medial epicondyle

This question centers on which part of the elbow is affected by Bannière disease, a form of osteochondrosis. The disease targets the capitellum, the rounded articular surface of the distal humerus that meets the radial head. In growing children, disrupted blood supply to the capitellum leads to osteochondral changes, possible necrosis, and fragmentation of this specific area. That's why the capitellum is the structure involved. The trochlea is the other distal humeral articular surface with the ulna, not the site of this condition, and the lateral and medial epicondyles are bony prominences for muscle and ligament attachments, typically not the focus of osteochondrosis in this context.

9. In Lower Crossed Syndrome, which factor most directly contributes to ischaemia of the lower extremity?

A. Arterial involvement of Piriformis shortness

B. Hypotonicity of the piriformis muscle

C. Neurological deficits of Iliopsoas muscle

D. Hypotonicity of the Iliopsoas muscle

The main idea is that ischaemia in this context comes from reducing blood flow by compressing vessels near the hip. When the piriformis becomes short and tight, it can press on the arteries that run through the gluteal region to supply the lower limb. This direct compression of the pelvic/gluteal arteries lowers perfusion to the leg, producing ischaemia. The other scenarios involve nerve effects or changes in muscle tone that do not directly cut off arterial blood supply: a tight piriformis can cause vascular compression leading to ischaemia, whereas a hypotonic piriformis would lessen compression, and neurological deficits or weakness of the iliopsoas affect nerves or mobility rather than directly reducing arterial flow.

10. Lower Crossed Syndrome is characterized by which combination?

A. Increased in lumbar kyphosis and anterior pelvic tilt

B. Increased in lumbar lordosis and posterior pelvic tilt

C. Increased in lumbar kyphosis and posterior pelvic tilt

D. Increased in lumbar lordosis and anterior pelvic tilt

Lower Crossed Syndrome arises from a muscle imbalance in the lower back and pelvis: tight hip flexors and lumbar extensors, with weak abdominal and gluteal muscles. That imbalance pulls the pelvis into an anterior tilt and lets the lumbar spine extend more than normal, resulting in increased lumbar lordosis. So the combination of more curve in the lumbar spine (lordosis) with the pelvis tilting forward (anterior tilt) best fits what this pattern produces. The other descriptions would imply a different alignment, such as backward tilt of the pelvis or rounding of the lower back, which aren't the hallmark of this syndrome.

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://extremityclet.examzify.com

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