EXTREMITY CLET PRACTICE EXAM (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

1. Hawkins classification is used for fractures of which bone?

A. Calcaneus

B. Tarsal (talus) — talar neck fractures

C. Navicular

D. Cuboid

2. Gartland classification is used for which pediatric elbow fracture?

A. Supracondylar femur fracture

B. Radiocapitellar fracture

C. Supracondylar humerus fracture

D. Distal humeral metaphyseal fracture

3. A midfoot instability injury is commonly known as which fracture-dislocation?

A. Chopart injury

B. Tarsometatarsal dislocation

C. Lisfranc injury

D. Jones fracture

4. Lisfranc injuries involve disruption of which joint complex?

A. First metatarsophalangeal joint

B. Tarsometatarsal joints (midfoot)

C. Ankle mortise

D. Subtalar joints

5. A patient visits a chiropractor with localized, deep calf pain not due to injury and a history of long smoking, oral contraceptives, and long airplane travel. Which orthopedic examination would be best performed?

A. Drawer Test

B. Morton Test

C. Homans Sign

D. Hoover Test

6. Morton's Neuroma is best diagnosed with which test?

A. Tuning Fork Test

B. Morton's Test

C. Phalen Test

D. Tinels Test

7. Tarsal tunnel syndrome involves which structure?

A. Posterior tibial nerve

B. Sural nerve

C. Superficial fibular nerve

D. Lateral plantar nerve

8. Which sign is associated with pes planus and medial curvature of the Achilles tendon?

A. Helbing's Sign – increased pes planus with medial curvature of the Achilles tendon

B. Helbing's Sign – increased pes planus with lateral curvature of the Achilles tendon

C. Helbing's Sign – increased pes cavus with medial curvature of the Achilles tendon

D. Helbing's Sign – increased pes cavus with lateral curvature of the Achilles tendon

9. Calcaneus fractures are most often classified by which system?

A. Hawkins classification

B. Mason classification

C. Sanders classification

D. Essex-Lopresti

10. Schatzker classification is used to classify fractures of which part of the tibia?

A. Tibial plateau

B. Tibial shaft

C. Fibular head

D. Tibial tubercle

Answers

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

Explanations

1. Hawkins classification is used for fractures of which bone?

A. Calcaneus

B. Tarsal (talus) — talar neck fractures

C. Navicular

D. Cuboid

Hawkins classification is used for fractures of the talar neck. It groups injuries by how displaced they are and which joints are involved, because this ties directly to blood supply disruption and the risk of avascular necrosis. A nondisplaced talar neck fracture has the lowest risk, while displacement with subtalar involvement raises the risk, displacement with subtalar and ankle involvement raises it further, and displacement with the talus dislocated from the ankle joint carries the highest risk. This system is specifically about the talar neck and isn't used for fractures of the calcaneus, navicular, or cuboid.

2. Gartland classification is used for which pediatric elbow fracture?

A. Supracondylar femur fracture

B. Radiocapitellar fracture

C. Supracondylar humerus fracture

D. Distal humeral metaphyseal fracture

Gartland classification is used for pediatric supracondylar humerus fractures. This system groups elbow injuries in children by how far the distal fragment is displaced and whether the posterior cortex remains, which helps decide treatment—from simple immobilization to surgical reduction and pinning. It specifically describes fractures at the distal humerus just above the elbow, the most common pediatric elbow fracture. The other options involve different bones or areas (thigh bone, radiocapitellar area, or distal humeral metaphysis) and are not described by the Gartland scheme.

3. A midfoot instability injury is commonly known as which fracture-dislocation?

A. Chopart injury

B. Tarsometatarsal dislocation

C. Lisfranc injury

D. Jones fracture

Midfoot instability from disruption of the tarsometatarsal joints is called a Lisfranc injury. This injury involves the joints where the bases of the metatarsals meet the tarsal bones, and it can be purely ligamentous or include fracture-dislocations. The second metatarsal base often acts as a keystone, so disruption can cause the midfoot to widen or the metatarsals to become misaligned with the tarsal framework. Recognizing it is crucial because instability in this region can be easily missed on initial imaging yet lead to chronic pain and arthritis if not treated. Mechanistically, a planted foot subjected to an axial load or rotational force commonly produces this pattern. Look for radiographic clues like widening between the first and second metatarsal bases, misalignment of the tarsometatarsal joints, or a fleck sign from Lisfranc ligament avulsion. Other terms refer to different areas or patterns: a Chopart injury involves hindfoot joints (talonavicular and calcaneocuboid), a dislocation at the tarsometatarsal joints is a component of a Lisfranc injury but the broad, widely used label is Lisfranc injury, and a fracture at the base of the fifth metatarsal is a different injury altogether.

4. Lisfranc injuries involve disruption of which joint complex?

A. First metatarsophalangeal joint

B. Tarsometatarsal joints (midfoot)

C. Ankle mortise

D. Subtalar joints

Lisfranc injuries disrupt the tarsometatarsal joint complex in the midfoot—the joints where the bases of the metatarsals articulate with the tarsal bones (medial, intermediate cunei and cuboid). This midfoot joint complex is stabilized by strong ligaments, including the Lisfranc ligament between the second metatarsal base and the medial cuneiform, and various interosseous and dorsal ligaments. When these joints are injured, the forefoot can separate from the midfoot, causing instability and pain. This is distinct from the first metatarsophalangeal joint (the big toe joint), the ankle mortise (tibia-talus), or the subtalar joints (talus-calcanus), which are not the Lisfranc joint complex.

5. A patient visits a chiropractor with localized, deep calf pain not due to injury and a history of long smoking, oral contraceptives, and long airplane travel. Which orthopedic examination would be best performed?

A. Drawer Test

B. Morton Test

C. Homans Sign

D. Hoover Test

Focus on recognizing potential deep venous thrombosis (DVT) from the presentation and risk factors. Localized deep calf pain in a patient with long airplane travel, smoking, and estrogen-containing oral contraceptives raises strong suspicion for DVT, which can be a medical emergency due to the risk of pulmonary embolism. The screening exam commonly taught for DVT in this setting is a provocative test that involves dorsiflexing the ankle to stress the calf and detect pain or discomfort associated with a clot in the deep veins. A positive finding would prompt urgent imaging (like duplex ultrasound) and further evaluation. The other tests target different problems: a knee ligament test, a forefoot nerve-related test, and a test used to assess effort or malingering. Those do not address the suspected DVT in this scenario, making the DVT-focused examination the best choice here.

6. Morton's Neuroma is best diagnosed with which test?

A. Tuning Fork Test

B. Morton's Test

C. Phalen Test

D. Tinels Test

Morton's neuroma is diagnosed by directly stressing the interdigital nerve between the metatarsal heads. The Morton's test does this by compressing the forefoot at the metatarsal heads, which commonly reproduces the sharp or burning pain and may even produce a palpable click in the painful space. This direct focus on the intermetatarsal nerve makes it the best way to confirm the condition. Other tests don't target this nerve specifically: a tuning fork test assesses vibration sense, Phalen's test relates to carpal tunnel in the wrist, and Tinels sign, while it can provoke nerve-related sensations, isn't as precise for the interdigital neuropathy seen in Morton's neuroma.

7. Tarsal tunnel syndrome involves which structure?

A. Posterior tibial nerve

B. Sural nerve

C. Superficial fibular nerve

D. Lateral plantar nerve

Tarsal tunnel syndrome results from compression inside the tarsal tunnel, a narrow fibro-osseous passage behind the medial malleolus. The main structure that can be compressed there is the tibial nerve as it travels through the tunnel and gives off its plantar branches. When the posterior tibial nerve is compressed, symptoms appear as numbness, burning, and pain on the plantar surface of the foot, sometimes radiating to the toes, and they often worsen with activity or standing. The sural nerve runs behind the lateral malleolus and does not pass through the tarsal tunnel, so it isn't the structure involved. The superficial fibular nerve supplies the dorsum of the foot and also isn't housed in the tunnel. The lateral plantar nerve is a branch of the tibial nerve, but the syndrome is best attributed to compression of the posterior tibial nerve itself within the tunnel.

8. Which sign is associated with pes planus and medial curvature of the Achilles tendon?

A. Helbing's Sign – increased pes planus with medial curvature of the Achilles tendon

B. Helbing's Sign – increased pes planus with lateral curvature of the Achilles tendon

C. Helbing's Sign – increased pes cavus with medial curvature of the Achilles tendon

D. Helbing's Sign – increased pes cavus with lateral curvature of the Achilles tendon

Pes planus, or flat foot, involves flattening of the medial arch and a tendency toward pronation of the foot. In this pattern, the Achilles tendon often follows a medially curved path behind the ankle. Helbing's sign captures this specific combination: increased pes planus with medial curvature of the Achilles tendon. The other options describe either pes cavus (high arch) or a lateral curvature of the Achilles tendon, which do not match the flat-foot pattern. So the sign that best fits is the one describing flat feet with medial tendon curvature.

9. Calcaneus fractures are most often classified by which system?

A. Hawkins classification

B. Mason classification

C. Sanders classification

D. Essex-Lopresti

The main idea is that calcaneus fractures are most accurately and usefully classified with a CT-based system that specifically tracks the fracture lines within the posterior facet of the calcaneus. This system is designed for intra-articular fractures, where the exact pattern of joint involvement strongly influences treatment and prognosis. Why this classification matters: plain X-rays often miss the fine details of the posterior facet. A CT scan reveals the number and arrangement of articular fragments, which the classification uses to categorize the fracture. In this system, fractures are described by how many articular fragments there are in the posterior facet: non-displaced fractures; two-part fractures with a single articular break; three-part fractures with two articular breaks; and highly comminuted four-part or more fractures. As the number of articular fragments increases, the complexity of reconstruction rises and the prognosis tends to worsen, guiding surgical planning and expectations. Other classification schemes exist for different injuries—one system is used for talar neck fractures, another for radial head fractures, and another for a forearm injury pattern involving the interosseous membrane. They are not applicable to calcaneal fractures, which is why the Sanders scheme is the standard choice here.

10. Schatzker classification is used to classify fractures of which part of the tibia?

A. Tibial plateau

B. Tibial shaft

C. Fibular head

D. Tibial tubercle

Schatzker classification describes fractures of the proximal tibia that involve the tibial plateau, the part of the knee joint surface. It groups tibial plateau injuries into six patterns based on whether the fracture affects the lateral or medial side, whether there is depression or splitting, and whether there is bicondylar involvement or metaphyseal-diaphyseal dissociation. This focus on the joint surface explains why the correct answer is the tibial plateau—the system is specifically for fractures at that proximal, articular region, not the tibial shaft, fibular head, or tibial tubercle. For context, planning treatment hinges on how the articular surface is disrupted, which is what Schatzker types capture.

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!