

FREE A SPINAL EXAM 4 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://freeaspinal4.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	15

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. In which regions is the interspinous ligament poorly developed?**
 - A. Cervical and thoracic regions
 - B. Lumbar and sacral regions
 - C. Cervical and lumbar regions
 - D. Thoracic and lumbar regions

- 2. The posterior longitudinal ligament lies along which part of the vertebral column?**
 - A. Anterior to the vertebral bodies
 - B. External to the spinous processes
 - C. Within the intervertebral discs
 - D. Posterior to the vertebral bodies within the vertebral canal

- 3. Where does the parotid duct open?**
 - A. Floor of mouth
 - B. Posterior tongue
 - C. Lips
 - D. Oral vestibule near the second maxillary molar

- 4. What movement does the posterior longitudinal ligament limit?**
 - A. Extension
 - B. Rotation
 - C. Lateral flexion
 - D. Flexion

- 5. What does the anterior cranial fossa hold?**
 - A. Temporal lobe
 - B. Cerebellum
 - C. Frontal lobe, olfactory bulb, and attachment for falx cerebri
 - D. Pituitary gland

- 6. Which statement describes the difference in typical thoracic curve patterns between infantile and juvenile idiopathic scoliosis?**
- A. Infantile is right thoracic; juvenile is left thoracic
 - B. Infantile is right thoracic; juvenile is right thoracic
 - C. Infantile is left thoracic; juvenile is right thoracic
 - D. Infantile is left thoracic; juvenile is left thoracic
- 7. At what age do patients commonly seek treatment for Scheuermann's kyphosis?**
- A. 8-11 years
 - B. 16-18 years
 - C. 18-20 years
 - D. 12-15 years
- 8. Which artery may be damaged by a pterion fracture?**
- A. Middle meningeal artery
 - B. Anterior cerebral artery
 - C. Posterior inferior cerebellar artery
 - D. Internal carotid artery
- 9. The posterior longitudinal ligament is innervated by which neural structure?**
- A. Dorsal root ganglia
 - B. Posterior neural plexus from recurrent meningeal nerves
 - C. Ventral ramus
 - D. Sympathetic trunk fibers
- 10. Which statement correctly describes the regional distribution of OPLL?**
- A. Cervical Region 80 Percent, Thoracic 10 Percent, Lumbar 10 Percent
 - B. Cervical 60 Percent, Thoracic 20 Percent, Lumbar 20 Percent
 - C. Cervical 90 Percent, Thoracic 5 Percent, Lumbar 5 Percent
 - D. Cervical 70 Percent, Thoracic 15 Percent, Lumbar 15 Percent

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In which regions is the interspinous ligament poorly developed?

- A. Cervical and thoracic regions
- B. Lumbar and sacral regions**
- C. Cervical and lumbar regions
- D. Thoracic and lumbar regions

Interspinous ligaments vary along the spine according to how each region moves and fuses. In the sacral region the spinous processes are fused into a single rigid structure, leaving little space and need for separate interspinous connections, so these ligaments are poorly developed there. In the lumbar region, despite its mobility, the posterior stabilization comes mainly from other structures like the facet joints and the broader posterior ligamentous complex, so the interspinous component is relatively less developed compared with regions that rely more on it. Together these patterns explain why this pair of regions shows poorer development of the interspinous ligament.

2. The posterior longitudinal ligament lies along which part of the vertebral column?

- A. Anterior to the vertebral bodies
- B. External to the spinous processes
- C. Within the intervertebral discs**
- D. Posterior to the vertebral bodies within the vertebral canal

The posterior longitudinal ligament runs along the back (posterior) surface of the vertebral bodies, inside the vertebral canal, sitting between the bodies and the spinal cord. It is anterior to the spinal cord but within the canal, and it is not part of the intervertebral discs, nor is it outside the canal or on the outside of the vertebrae. This location distinguishes it from the anterior longitudinal ligament, which lies on the front surface of the vertebral bodies, outside the canal.

3. Where does the parotid duct open?

- A. Floor of mouth
- B. Posterior tongue
- C. Lips
- D. Oral vestibule near the second maxillary molar**

The parotid duct (Stensen's duct) carries saliva from the parotid gland into the mouth and opens into the oral cavity at the parotid papilla, which is on the inner cheek in the oral vestibule opposite the second upper (maxillary) molar. It travels forward, passes through the buccinator muscle, and exits at that papilla near the second molar. This is the reason the correct location is the oral vestibule near the second maxillary molar. The other sites don't match where the parotid duct drains: the floor of the mouth is associated with other glands, the posterior tongue isn't a drainage point, and the lips are not where the parotid duct opens.

4. What movement does the posterior longitudinal ligament limit?

- A. Extension
- B. Rotation
- C. Lateral flexion
- D. Flexion**

This question tests how spinal ligaments constrain movement. The posterior longitudinal ligament runs along the back of the vertebral bodies inside the spinal canal, just in front of the spinal cord. It tightens when the spine flexes (bends forward). As you bend forward, the vertebrae move closer together at the back, pulling the PLL taut and preventing further forward motion. That makes the PLL a restraint on flexion. In contrast, extension is mainly limited by the anterior longitudinal ligament, while rotation and lateral flexion are largely restrained by the facet joints and other ligaments.

5. What does the anterior cranial fossa hold?

- A. Temporal lobe
- B. Cerebellum
- C. Frontal lobe, olfactory bulb, and attachment for falx cerebri**
- D. Pituitary gland

The anterior cranial fossa houses the frontal lobes of the brain, the olfactory bulbs and tracts, and the attachment for the falx cerebri. The frontal lobes rest in this forward part of the cranial base, the olfactory apparatus sits on the cribriform plate of the ethmoid within this fossa, and the falx cerebri attaches along the crista galli and frontal crest in this region. Other parts like the temporal lobe are housed in the middle cranial fossa, the cerebellum in the posterior cranial fossa, and the pituitary gland sits in the sella turcica of the sphenoid within the middle cranial fossa. So the combination of frontal lobe, olfactory structures, and falx cerebri attachment best matches the anterior fossa.

6. Which statement describes the difference in typical thoracic curve patterns between infantile and juvenile idiopathic scoliosis?

- A. Infantile is right thoracic; juvenile is left thoracic
- B. Infantile is right thoracic; juvenile is right thoracic
- C. Infantile is left thoracic; juvenile is right thoracic**
- D. Infantile is left thoracic; juvenile is left thoracic

Infantile idiopathic scoliosis most often presents with a left thoracic curve, while juvenile idiopathic scoliosis more commonly shows a right thoracic curve. This reflects how scoliosis tends to behave differently across early life and later childhood, influencing progression risk and management decisions. So describing the typical difference as infantile left thoracic and juvenile right thoracic aligns with observed patterns.

7. At what age do patients commonly seek treatment for Scheuermann's kyphosis?

- A. 8-11 years
- B. 16-18 years
- C. 18-20 years
- D. 12-15 years**

Adolescence is when Scheuermann's kyphosis typically becomes noticeable and treatment is sought, because the spine is undergoing rapid growth and the deformity often progresses during that time. The condition involves anterior wedging of thoracic vertebrae that tends to worsen as growth spurts occur, so most patients present and pursue care in early to mid adolescence. The 12- to 15-year window is ideal because bracing is most effective while someone is still skeletally immature and growth can be guided to limit progression. Earlier ages (8-11) are usually before the growth spurt has fully revealed the deformity, while later ages (16-18, 18-20) are typically after much growth has completed, when bracing is less beneficial and treatment decisions may shift toward observation or surgery for severe cases. That combination makes 12-15 years the most common time patients seek treatment.

8. Which artery may be damaged by a pterion fracture?

- A. Middle meningeal artery**
- B. Anterior cerebral artery
- C. Posterior inferior cerebellar artery
- D. Internal carotid artery

A pterion fracture most commonly threatens the middle meningeal artery. The pterion is the thin region where the frontal, parietal, temporal bones and sphenoid meet, and just beneath it the middle meningeal artery runs in the dura and enters the cranial cavity through the foramen spinosum. If a fracture crosses this area, the artery can be torn, allowing arterial blood to accumulate rapidly in the epidural space, producing an epidural hematoma. The other arteries aren't located directly under the pterion: the anterior cerebral artery runs medially on the brain's surface, the posterior inferior cerebellar artery is in the posterior fossa, and the internal carotid artery lies deeper and more central rather than beneath the pterion.

9. The posterior longitudinal ligament is innervated by which neural structure?

- A. Dorsal root ganglia
- B. Posterior neural plexus from recurrent meningeal nerves**
- C. Ventral ramus
- D. Sympathetic trunk fibers

The sensory supply of the posterior longitudinal ligament comes from the sinuvertebral nerves, also known as recurrent meningeal nerves, which form a posterior neural plexus as they re-enter the spinal canal through the intervertebral foramen to innervate the PLL (and nearby structures like the annulus fibrosus and dura). These nerves originate from the spinal nerve and travel back into the canal to reach the ligament, providing the pain and proprioceptive signals. Dorsal root ganglia house the cell bodies for the sensory fibers of the dorsal rami, not the PLL's innervation. The sympathetic trunk contains autonomic fibers to vessels and glands, not the somatic innervation of the PLL.

10. Which statement correctly describes the regional distribution of OPLL?

A. Cervical Region 80 Percent, Thoracic 10 Percent, Lumbar 10 Percent

B. Cervical 60 Percent, Thoracic 20 Percent, Lumbar 20 Percent

C. Cervical 90 Percent, Thoracic 5 Percent, Lumbar 5 Percent

D. Cervical 70 Percent, Thoracic 15 Percent, Lumbar 15 Percent

The main idea is that ossification of the posterior longitudinal ligament most often involves the cervical spine, with far fewer cases in the thoracic and lumbar regions. About four-fifths of OPLL lesions occur in the cervical region, with roughly one-tenth in the thoracic region and one-tenth in the lumbar region. This pattern reflects why cervical myelopathy is the most common clinical consequence of OPLL: the cervical canal is smaller and experiences more motion and dynamic loading, making ossified ligament there more likely to encroach on the spinal cord. The thoracic region is relatively stabilized by the rib cage and has less mobility, and the lumbar region tends to be less affected by PLL ossification overall. There is some variation between populations, but the cervical predominance (around 80%) is the best-supported description.

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://freeaspinal4.examzify.com>

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

SAMPLE