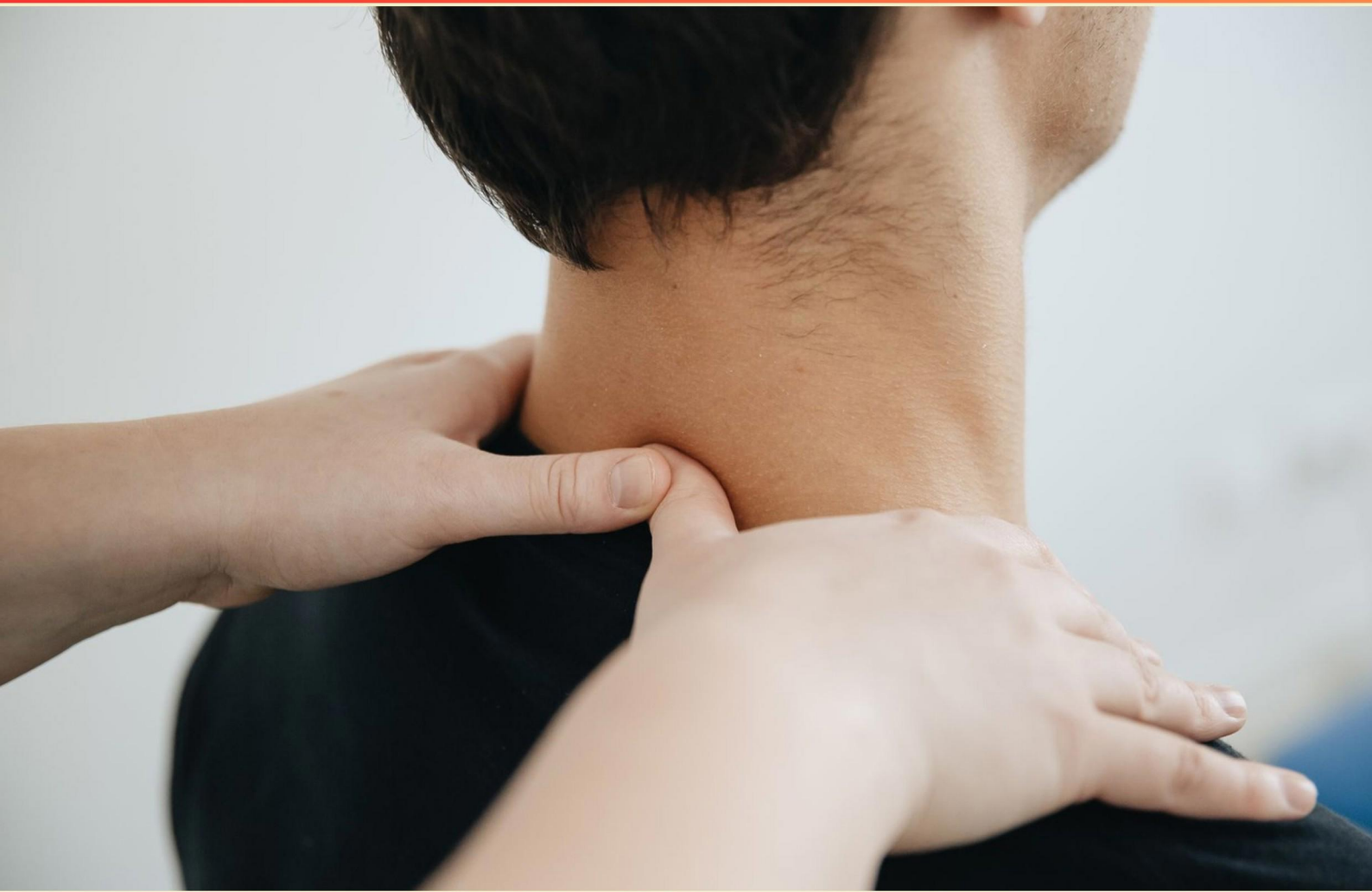


LECOM-SH OPP 1001 – OSTEOPATHIC PRINCIPLES AND PRACTICES EXAM 1 PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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

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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. Where is the Chapman point for the neck located?**
 - A. Superior and medial point of surgical neck of humerus
 - B. Inferior edge of mandible
 - C. Medial aspect of clavicle
 - D. Lateral edge of scapula
- 2. Which is NOT part of the Osteopathic Medical Evaluation?**
 - A. Observation
 - B. History
 - C. Genetics Testing
 - D. Radiology
- 3. Passive Range of Motion is performed by whom?**
 - A. The patient
 - B. The nurse
 - C. The osteopathic physician
 - D. Both patient and physician
- 4. Which statement about visceral motion categories is true?**
 - A. Craniosacral Rhythm is one of the four categories
 - B. Somatic Nervous System is one of the four categories
 - C. Visceral Motility is a type of reflex
 - D. Autonomic Nervous System is a muscle group
- 5. Which nerves are part of the pelvic somatic plexuses?**
 - A. Sciatic nerve, Pudendal nerve, Coccygeal nerves
 - B. Femoral nerve, Obturator nerve
 - C. Phrenic nerve, Vagus nerve
 - D. Tibial nerve, Peroneal nerve
- 6. Which of the following is not part of the costal lymphatics?**
 - A. Parasternal lymph nodes
 - B. Intercostal lymph nodes
 - C. Diaphragmatic lymph nodes
 - D. Thoracic duct

- 7. Which organ is supplied by the Superior Mesenteric Ganglion postganglionic fibers?**
- A. Descending colon
 - B. Kidney
 - C. Spleen
 - D. Duodenum
- 8. The claim that manipulation is appropriate, effective, and sufficient for somatic dysfunction is attributed to which figure?**
- A. W.G. Sutherland
 - B. A.T
 - C. Fred Mitchell, Sr., DO
 - D. I.M. Korr
- 9. The sternochondral articulation of rib 1 is classified as what type?**
- A. Fibrous joint
 - B. Synchondrosis and non-synovial
 - C. Synovial joint
 - D. Glenohumeral joint
- 10. Which landmark corresponds to the Chapman point for the colon?**
- A. Superior line of the femur
 - B. Lateral line of the femur
 - C. Skin area between the iliac crest and the greater trochanter
 - D. Umbilicus

Answers

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

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Explanations

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1. Where is the Chapman point for the neck located?

- A. Superior and medial point of surgical neck of humerus
- B. Inferior edge of mandible
- C. Medial aspect of clavicle
- D. Lateral edge of scapula

Chapman points are small, tender landmarks used in osteopathic practice to reflect deep visceral and somatic relationships through autonomic pathways. Each region on the body has an anterior and a posterior point on the surface that, when tender, helps cue where dysfunction may be occurring and guides treatment. For the neck, the classic anterior Chapman point is at the superior and medial aspect of the surgical neck of the humerus. This location sits in the shoulder region but is mapped to the neck in standard Chapman charts, reflecting the way somatic and autonomic patterns can present in nearby tissues. Palpation that finds tenderness here can indicate neck-related dysfunction and helps direct OMT aimed at the neck or its neural/vascular relationships. Other listed locations correspond to points mapped to different regions on the Chapman chart and are not the neck point. Therefore, the superior and medial point of the surgical neck of the humerus best fits the neck Chapman point.

2. Which is NOT part of the Osteopathic Medical Evaluation?

- A. Observation
- B. History
- C. Genetics Testing
- D. Radiology

In osteopathic medical evaluation, the clinician focuses on how the patient presents and functions: you start with careful observation of posture, gait, and overall demeanor, then gather a thorough history to understand onset, progression, and context of symptoms. The examination deepens with hands-on palpation to detect somatic dysfunction, tissue texture changes, and restrictions in motion, and imaging such as radiology is used when there is a need to visualize structure and rule out pathology. Genetics testing, while important in many medical contexts, is not a routine part of this evaluation because it does not assess current structural or functional status or somatic dysfunction. It's a specialized tool for identifying inherited conditions or genetic risk, rather than guiding the immediate osteopathic assessment and treatment plan. Genetics testing might be considered in specific, rare scenarios, but it isn't part of the standard osteopathic evaluation.

3. Passive Range of Motion is performed by whom?

- A. The patient
- B. The nurse
- C. The osteopathic physician
- D. Both patient and physician

Passive range of motion is the movement of a joint performed by the examiner while the patient remains relaxed and does not use their muscles. This approach lets the clinician feel end feel, assess true joint mobility, and detect soft-tissue or structural restrictions without active muscle contraction altering the movement. In osteopathic practice, this examination is performed by the osteopathic physician, since PROM is used to evaluate somatic dysfunction and joint mechanics through the clinician's hands. Active range of motion, by contrast, is when the patient actively moves the joint themselves.

4. Which statement about visceral motion categories is true?

- A. Craniosacral Rhythm is one of the four categories**
- B. Somatic Nervous System is one of the four categories
- C. Visceral Motility is a type of reflex
- D. Autonomic Nervous System is a muscle group

Visceral motion categories describe different patterns of movement that clinicians look for in the visceral–cranial system. Craniosacral rhythm is a distinct, subtle oscillation felt in the cranium and sacrum that correlates with the craniosacral mechanism and the systemic fluid dynamics. It's treated and classified as one of the four main categories because it represents a unique, recognizable pattern separate from other motion phenomena in the visceral system. The other statements mix systems and concepts that aren't considered visceral motion categories: the somatic nervous system is a broader motor–sensory pathway, not a visceral motion category; visceral motility refers to movement of the viscera but isn't itself a reflex category; and the autonomic nervous system is a control system, not a muscle group.

5. Which nerves are part of the pelvic somatic plexuses?

- A. Sciatic nerve, Pudendal nerve, Coccygeal nerves**
- B. Femoral nerve, Obturator nerve
- C. Phrenic nerve, Vagus nerve
- D. Tibial nerve, Peroneal nerve

Pelvic somatic plexuses are networks in the pelvis formed by the sacral and coccygeal nerve roots that supply the pelvic floor, perineum, and related regions. The sciatic nerve is a major branch emerging from the sacral plexus and carries motor and sensory fibers to the posterior thigh and leg. The pudendal nerve, arising from S2–S4 within the sacral plexus, travels to the perineum and provides motor to the external anal and urethral sphincters as well as sensory input to the perineal region. The coccygeal nerves are part of the coccygeal plexus in the pelvic area and contribute to innervation around the coccyx and related structures. Nerves like the femoral and obturator originate from the lumbar plexus, not from the pelvic somatic plexuses. Phrenic and vagus are cranial/neck and autonomic in function, not part of the pelvic somatic plexuses. Tibial and peroneal are distal branches of the sciatic nerve, not separate components of the pelvic plexuses themselves.

6. Which of the following is not part of the costal lymphatics?

- A. Parasternal lymph nodes
- B. Intercostal lymph nodes
- C. Diaphragmatic lymph nodes
- D. Thoracic duct**

The concept here is distinguishing regional chest wall lymphatics from the main lymphatic conduit. The costal lymphatics consist of networks and their associated nodes that drain the thoracic wall and diaphragmatic surface – specifically, parasternal (along the sternum), intercostal (along the posterior intercostal spaces), and diaphragmatic lymph nodes. These groups handle drainage from the chest wall itself. The thoracic duct is different in nature: it's a single, large lymphatic channel that collects lymph from a wide portion of the body and transports it to the left venous angle (left subclavian–internal jugular junction). It isn't a regional cluster of nodes for the costal region. So, while the thoracic duct receives lymph from tributaries that may pass through costal-region nodes, it is not itself a component of the costal lymphatic system.

7. Which organ is supplied by the Superior Mesenteric Ganglion postganglionic fibers?

- A. Descending colon
- B. Kidney
- C. Spleen
- D. Duodenum**

The sympathetic innervation to abdominal organs comes from prevertebral ganglia, with each ganglion dispatching postganglionic fibers to its designated region: celiac for foregut, superior mesenteric for midgut, and inferior mesenteric for hindgut. The duodenum, specifically the portion that is midgut-derived, receives postganglionic sympathetic fibers via the superior mesenteric ganglion along the superior mesenteric artery. This is why the duodenum is supplied by fibers from the superior mesenteric ganglion. The descending colon is supplied by the inferior mesenteric ganglion, the spleen by the celiac ganglion, and the kidney mainly through renal plexuses associated with the renal arteries rather than a primary mesenteric ganglion.

8. The claim that manipulation is appropriate, effective, and sufficient for somatic dysfunction is attributed to which figure?

- A. W.G. Sutherland
- B. A.T
- C. Fred Mitchell, Sr., DO**
- D. I.M. Korr

In osteopathic practice, the idea that manual manipulation can be appropriate, effective, and sufficient to address somatic dysfunction reflects a viewpoint that hands-on treatment is the primary means to restore motion and function. This stance is most closely associated with Fred Mitchell Sr., DO, who was a leading advocate and developer of osteopathic manipulative treatment and promoted the view that skilled manipulation can directly correct somatic dysfunction and, when done well, can be sufficient on its own. Mitchell's work helped crystallize the emphasis on manipulation as a central therapeutic tool in osteopathy, shaping how many clinicians understood the role of OMT. Other figures contributed important concepts—cranial theory and Sutherland's work, Still's foundational leadership, and Korr's neurophysiological emphasis—but the specific claim about manipulation being appropriate, effective, and sufficient is tied to Mitchell Sr.

9. The sternochondral articulation of rib 1 is classified as what type?

- A. Fibrous joint
- B. Synchondrosis and non-synovial**
- C. Synovial joint
- D. Glenohumeral joint

The main idea here is that the first sternocostal articulation is a primary cartilaginous joint, known as a synchondrosis, and it is non-synovial. The connection between the first costal cartilage and the manubrium of the sternum is made with hyaline cartilage and lacks a joint capsule or synovial cavity, which is characteristic of non-synovial, cartilaginous joints. This is why it fits the description of a synchondrosis. Other options don't fit: a fibrous joint would involve dense connective tissue without cartilage, a synovial joint would have a joint capsule and synovial cavity, and the glenohumeral joint is the shoulder joint, not involved here.

10. Which landmark corresponds to the Chapman point for the colon?

- A. Superior line of the femur**
- B. Lateral line of the femur
- C. Skin area between the iliac crest and the greater trochanter
- D. Umbilicus

Chapman points are small, superficial fascial reflex points used in osteopathic practice to reflect visceral dysfunction. They're mapped to specific skin areas that correspond to organs when tender or activated. For the colon, the classic anterior Chapman point is located along the thigh at the superior line of the femur. This placement on the thigh aligns with the hindgut representation in Chapman point maps, so tenderness here often correlates with colonic issues. The other landmarks don't fit the standard colon map: they're associated with different organ patterns or general areas not identified for the colon in the Chapman system. So, the superior line of the femur is the best match for the colon's Chapman point because it follows the established surface map for the hindgut.

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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:

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

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