

Lumbar Plexus V2 Practice Test (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

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- 1. Which nerve provides innervation to adductor longus?**
 - A. Posterior division obturator nerve**
 - B. Tibial nerve**
 - C. Femoral nerve**
 - D. Anterior division obturator nerve**

- 2. Which nerve innervates the vastus lateralis?**
 - A. Femoral nerve**
 - B. Obturator nerve**
 - C. Tibial nerve**
 - D. Sciatic nerve**

- 3. Which nerve is at risk during inguinal hernia repair due to its course through the inguinal canal?**
 - A. Ilioinguinal nerve**
 - B. Iliohypogastric nerve**
 - C. Genitofemoral nerve**
 - D. Lateral femoral cutaneous nerve**

- 4. What is the sensory map of the saphenous nerve?**
 - A. Travels with the great saphenous vein and supplies the dorsum of the foot**
 - B. Travels with the femoral artery and extends distally along the medial leg to the medial malleolus**
 - C. Loops around the fibular neck to supply the lateral leg**
 - D. Runs with the popliteal artery to the posterior leg**

- 5. Which nerve contributes to sensation of the anterior thigh via its anterior branches?**
 - A. Femoral nerve**
 - B. Obturator nerve**
 - C. Iliohypogastric nerve**
 - D. Genitofemoral nerve**

- 6. Quadratus plantae is located in which plantar layer?**
- A. 1st layer**
 - B. 2nd layer**
 - C. 3rd layer**
 - D. Neurovascular layer**
- 7. Which nerve has spinal levels L3, L4 and mainly innervates medial thigh adductors?**
- A. Lumbosacral trunk**
 - B. Accessory obturator nerve**
 - C. Genitofemoral nerve**
 - D. Obturator nerve**
- 8. Which nerve is commonly tested to assess anterior thigh sensation?**
- A. Femoral nerve**
 - B. Lateral femoral cutaneous nerve**
 - C. Obturator nerve**
 - D. Ilioinguinal nerve**
- 9. Which ventral rami comprise the lumbar plexus, and what is the typical inclusive root range?**
- A. L1-L4 (with possible contribution from T12 and via the lumbosacral trunk, L5)**
 - B. L2-L5 (no other contributions)**
 - C. L3-L4 (with T12)**
 - D. T12-L4**
- 10. Which region is not a plantar layer?**
- A. Dorsum**
 - B. 1st layer**
 - C. 2nd layer**
 - D. Neurovascular layer**

Answers

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

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Explanations

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1. Which nerve provides innervation to adductor longus?

- A. Posterior division obturator nerve**
- B. Tibial nerve**
- C. Femoral nerve**
- D. Anterior division obturator nerve**

Adductor longus is a medial thigh muscle that adducts the thigh, and it is supplied by the obturator nerve. The obturator nerve splits into anterior and posterior divisions in the medial thigh; the anterior division innervates the adductor group, including adductor longus (as well as adductor brevis and gracilis). The posterior division supplies other muscles like the adductor magnus (part) and obturator externus. So the nerve providing innervation to adductor longus is the anterior division of the obturator nerve. The tibial nerve and femoral nerve innervate different muscle groups (tibial for posterior compartments of the leg and some thigh muscles, femoral for the anterior thigh), so they don't supply this muscle.

2. Which nerve innervates the vastus lateralis?

- A. Femoral nerve**
- B. Obturator nerve**
- C. Tibial nerve**
- D. Sciatic nerve**

The key idea is that the vastus lateralis is one of the quadriceps muscles in the anterior compartment of the thigh, and these muscles are innervated by the femoral nerve. The femoral nerve, arising from lumbar nerve roots L2-L4, travels into the thigh and provides motor innervation to all four quadriceps muscles, including the vastus lateralis, enabling knee extension. It also carries sensory fibers to the anterior thigh and to the medial leg via the saphenous branch. Obturator nerve supplies the medial thigh muscles (adductors), not the quadriceps. The tibial and sciatic nerves primarily innervate the posterior compartments of the thigh and leg and are not responsible for the motor innervation of the quadriceps. Therefore, the nerve that innervates the vastus lateralis is the femoral nerve.

3. Which nerve is at risk during inguinal hernia repair due to its course through the inguinal canal?

- A. Ilioinguinal nerve**
- B. Iliohypogastric nerve**
- C. Genitofemoral nerve**
- D. Lateral femoral cutaneous nerve**

The important idea is that some nerves travel through the inguinal canal, making them vulnerable during repair in that area. The ilioinguinal nerve, a branch of L1, runs with the structures of the spermatic cord (or round ligament) and passes through the inguinal canal, exiting at the superficial inguinal ring. Because of this course, it is commonly injured during inguinal hernia repair. Injury to this nerve causes sensory loss or neuropathic pain in its distribution: the skin of the groin, root of the penis or anterior scrotum in males, and the mons pubis and labia majora in females, as well as the proximal medial thigh. This is why it's the nerve at risk in this surgical context. The iliohypogastric nerve stays superior to the canal and supplies the suprapubic region, the lateral femoral cutaneous nerve is more lateral and not through the canal, and while the genitofemoral nerve has a genital branch that can enter the canal, the ilioinguinal nerve's direct passage through the canal makes it the classic structure at risk during inguinal hernia repair.

4. What is the sensory map of the saphenous nerve?

- A. Travels with the great saphenous vein and supplies the dorsum of the foot**
- B. Travels with the femoral artery and extends distally along the medial leg to the medial malleolus**
- C. Loops around the fibular neck to supply the lateral leg**
- D. Runs with the popliteal artery to the posterior leg**

The saphenous nerve is a sensory branch of the femoral nerve that travels through the thigh in the adductor canal with the femoral artery (and vein) and then continues distally along the medial leg, riding with the great saphenous vein to reach the medial malleolus. It supplies the skin on the medial aspect of the leg and the medial side of the foot up to the medial malleolus. It does not innervate the dorsum of the foot or the lateral or posterior aspects of the leg.

5. Which nerve contributes to sensation of the anterior thigh via its anterior branches?

- A. Femoral nerve**
- B. Obturator nerve**
- C. Iliohypogastric nerve**
- D. Genitofemoral nerve**

Sensation on the front of the thigh comes mainly from the femoral nerve through its anterior cutaneous branches. After the femoral nerve enters the thigh beneath the inguinal ligament, it gives off these anterior branches that innervate the skin of the anterior thigh. The other nerves have different territories: the obturator nerve supplies the medial thigh, the iliohypogastric nerve covers the suprapubic region, and the genitofemoral nerve has only a small femoral branch that supplies a limited area on the upper anterior thigh. Thus, the femoral nerve is the primary source of anterior thigh sensation via its anterior branches.

6. Quadratus plantae is located in which plantar layer?

- A. 1st layer**
- B. 2nd layer**
- C. 3rd layer**
- D. Neurovascular layer**

The plantar muscles are grouped into layers, and the position of a muscle within those layers helps define its role. Quadratus plantae is a small muscle on the sole that originates from the calcaneus and inserts into the tendons of the flexor digitorum longus, guiding and strengthening their pull during toe flexion. This function-to augment the action of the FDL tendons-fits with the second layer, which contains deep flexion-assisting muscles along with the lumbricals. The neurovascular layer is a separate plane that contains nerves and vessels, not a muscular layer, so quadratus plantae isn't located there. Hence, its placement is the second plantar layer.

7. Which nerve has spinal levels L3, L4 and mainly innervates medial thigh adductors?

- A. Lumbosacral trunk**
- B. Accessory obturator nerve**
- C. Genitofemoral nerve**
- D. Obturator nerve**

Medial thigh adductors are mainly supplied by the obturator nerve, which carries fibers from L2 to L4 and travels through the obturator canal to reach the adductor group (adductor longus, adductor brevis, adductor magnus part, gracilis, and obturator externus). This nerve's root level aligns with L3-L4, making it the primary source for thigh adduction. The accessory obturator nerve is a known anatomical variant that also originates from L3-L4, and it can contribute to the adductors in some individuals, but it is not the principal nerve for these muscles in most people. The other options come from different sources or plexuses and do not predominantly innervate the medial thigh adductors.

8. Which nerve is commonly tested to assess anterior thigh sensation?

- A. Femoral nerve**
- B. Lateral femoral cutaneous nerve**
- C. Obturator nerve**
- D. Ilioinguinal nerve**

The main point is that the skin of the anterior thigh is primarily supplied by the femoral nerve. This nerve carries sensory fibers through its anterior femoral cutaneous branches, providing most of the sensation in the front of the thigh as it travels from the lumbar plexus (L2-L4), under the inguinal ligament, into the thigh. When you test anterior thigh sensation, you're effectively evaluating the distribution of the femoral nerve. In contrast, the lateral femoral cutaneous nerve covers the outer (lateral) thigh, the obturator nerve supplies the medial thigh, and the ilioinguinal nerve covers the upper medial groin and proximal medial thigh region. Their territories don't align with the primary anterior thigh area, which is why the femoral nerve is the best answer for assessing anterior thigh sensation.

9. Which ventral rami comprise the lumbar plexus, and what is the typical inclusive root range?

- A. L1-L4 (with possible contribution from T12 and via the lumbosacral trunk, L5)**
- B. L2-L5 (no other contributions)**
- C. L3-L4 (with T12)**
- D. T12-L4**

The main roots that make up the lumbar plexus are L1 through L4. The plexus forms within the psoas major from these ventral rami and gives rise to nerves that supply the lower abdomen, groin, and thigh. Occasionally, a contribution from the subcostal nerve (T12) can join the plexus, and L5 can feed into the sacral plexus via the lumbosacral trunk. Because of these potential extras, the typical inclusive root range is L1-L4, with possible additions from T12 and L5 through the lumbosacral trunk. This is why the best choice lists L1-L4 as the main range and notes the possible contributions from T12 and via the trunk.

10. Which region is not a plantar layer?

- A. Dorsum**
- B. 1st layer**
- C. 2nd layer**
- D. Neurovascular layer**

Focus on how the sole of the foot is organized. The plantar aspect comprises four muscular layers (superficial to deep) plus a deep neurovascular layer that contains the main nerves and vessels. The dorsum, or top surface of the foot, is not part of this plantar arrangement. That makes the region on the dorsal surface the one not belonging to the plantar layers, even though the other options represent specific plantar layers or structures within the sole.

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://lumbarplexusv2.examzify.com>

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

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