Muscular Dystrophy (MD) 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

1. Which forms of muscular dystrophy are listed as examples in the material?

A. Duchenne (DMD), Becker (BMD), Limb-Girdle (LGMD)

B. Duchenne Muscular Dystrophy, Amyotrophic Lateral Sclerosis, Myasthenia Gravis

C. Limb-Girdle (LGMD), Myotonic Dystrophy, Emery-Dreifuss Muscular Dystrophy

D. Myotonic Dystrophy, Becker (BMD), Duchenne (DMD)

2. Limb-Girdle Muscular Dystrophy typically shows weakness in which pattern?

A. Distal

B. Proximal (hips and shoulders)

C. Facial

D. Trunk

3. Which statement best describes diagnosing MD?

A. It is based on clinical presentation alone

B. It is based on clinical presentation and testing

C. It is based on imaging alone

D. It is based on genetic testing alone

4. Which approach includes contracture release, scoliosis correction, pacemaker placement?

A. Physical therapy

B. Surgical management

C. Diet modification

D. Pharmacotherapy

5. Which domain includes grief, depression, and loss of independence?

A. Education impact

B. Work impact

C. Psychosocial impact

D. Cognition in MD

6. Becker Muscular Dystrophy is best described by which dystrophin status?

A. No dystrophin

B. Overexpression

C. Partial dystrophin

D. Normal dystrophin

7. An investigational approach aiming to improve dystrophin-like function without delivering dystrophin itself is known as what?

A. Stem cell transplantation

B. Utrophin upregulation

C. Gene therapy

D. Anti-inflammatory therapy

8. FSHD1 contraction is located on which chromosome region?

A. 3p

B. 6p

C. 4q35

D. 17p

9. Which is a key characteristic of muscular dystrophy?

A. Sudden onset with stable strength

B. Progressive muscle weakness

C. Hyperglycemia

D. Painful joints with swelling

10. Which marker is elevated in muscular dystrophy due to muscle damage?

A. AST levels

B. ALT levels

C. CK levels

D. LDH levels

Answers

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

Explanations

1. Which forms of muscular dystrophy are listed as examples in the material?

A. Duchenne (DMD), Becker (BMD), Limb-Girdle (LGMD)

B. Duchenne Muscular Dystrophy, Amyotrophic Lateral Sclerosis, Myasthenia Gravis

C. Limb-Girdle (LGMD), Myotonic Dystrophy, Emery-Dreifuss Muscular Dystrophy

D. Myotonic Dystrophy, Becker (BMD), Duchenne (DMD)

This question tests recognition of which muscular dystrophy forms are used as example categories in the material. The material lists Duchenne Muscular Dystrophy, Becker Muscular Dystrophy, and Limb-Girdle Muscular Dystrophy as the cited examples. Duchenne and Becker are dystrophinopathies caused by mutations in the DMD gene, with Duchenne typically more severe and starting earlier in life, while Becker is milder and starts later. Limb-Girdle Muscular Dystrophy refers to a group of dystrophic conditions that mainly affect proximal muscles around the hips and shoulders, illustrating another major MD category. The other options mix in diseases that are not muscular dystrophy or include MD forms not presented as examples in the material. So the set that matches the material's examples is the one with Duchenne, Becker, and Limb-Girdle muscular dystrophy.

2. Limb-Girdle Muscular Dystrophy typically shows weakness in which pattern?

A. Distal

B. Proximal (hips and shoulders)

C. Facial

D. Trunk

Proximal muscles around the hips and shoulders are the first and most affected in Limb-Girdle Muscular Dystrophy. This means activity like rising from a chair, climbing stairs, or lifting the arms overhead becomes difficult early on. The name "limb-girdle" refers to these girdle (proximal) muscles, which is why this pattern fits LGMD best. Weakness in distal muscles, facial muscles, or mainly the trunk points to other muscular dystrophy patterns, not the classic LGMD distribution. So the hallmark pattern is proximal weakness of the hips and shoulders.

3. Which statement best describes diagnosing MD?

A. It is based on clinical presentation alone

B. It is based on clinical presentation and testing

C. It is based on imaging alone

D. It is based on genetic testing alone

Diagnosing muscular dystrophy relies on combining what is seen in the patient's history and exam with objective tests to confirm and subtype the condition. The clinical picture—progressive proximal weakness, difficulty rising, toe walking, and calf enlargement—raises strong suspicion but isn't unique to MD, so tests are needed to prove it. Objective data like elevated serum creatine kinase show ongoing muscle damage; electromyography can reveal a myopathic pattern; a muscle biopsy can demonstrate dystrophic changes in the muscle tissue. Genetic testing can identify the specific mutation responsible, which often confirms the exact MD subtype. Imaging can support assessment and guide where to biopsy, but it cannot diagnose MD on its own. So, diagnosing MD is best described as integrating clinical presentation with testing to provide a definitive diagnosis and subtype.

4. Which approach includes contracture release, scoliosis correction, pacemaker placement?

A. Physical therapy

B. Surgical management

C. Diet modification

D. Pharmacotherapy

Managing these issues in muscular dystrophy requires surgical management. Contracture release targets fixed shortening of muscles and tendons that cannot be fully reversed with therapy alone, helping restore joint range of motion and function. Scoliosis correction is pursued when spinal curvature progresses to a point where breathing and posture are affected, a situation where conservative measures may slow progression but can't fully correct severe deformity. Pacemaker placement is a cardiac procedure used when conduction defects or rhythm problems arise, maintaining a safer heart rhythm. These interventions are invasive and definitive, addressing structural and cardiac complications that non-surgical approaches cannot achieve. Therefore, the approach described is surgical management.

5. Which domain includes grief, depression, and loss of independence?

A. Education impact

B. Work impact

C. Psychosocial impact

D. Cognition in MD

Grief, depression, and loss of independence are about how living with a muscular dystrophy affects a person's emotional well-being and social life. This is the psychosocial impact, which covers mood, coping, relationships, self-esteem, and how health changes influence daily functioning and autonomy. The other domains focus on different areas: education impact relates to schooling and learning, work impact to employment and productivity, and cognition in MD to thinking skills like memory and problem-solving. So, the psychosocial impact best includes these emotional and social experiences.

6. Becker Muscular Dystrophy is best described by which dystrophin status?

A. No dystrophin

B. Overexpression

C. Partial dystrophin

D. Normal dystrophin

Becker muscular dystrophy is characterized by dystrophin that is reduced in amount and truncated in size, not completely absent. This happens because the mutations are in-frame deletions in the dystrophin gene, allowing a shorter but still partly functional dystrophin protein to be produced. Having some dystrophin at the muscle membrane helps stabilize the fiber during contraction, so damage is less severe than when dystrophin is entirely missing. That partial, rather than absent, dystrophin level explains why Becker tends to have a later onset and slower progression compared with Duchenne muscular dystrophy, where dystrophin is absent.

7. An investigational approach aiming to improve dystrophin-like function without delivering dystrophin itself is known as what?

A. Stem cell transplantation

B. Utrophin upregulation

C. Gene therapy

D. Anti-inflammatory therapy

Upregulating utrophin to mimic dystrophin function. Utrophin is a protein similar to dystrophin and can interact with the same dystrophin-associated protein complex to help stabilize the muscle cell membrane during contraction. By increasing utrophin levels, the membrane becomes more resistant to damage even in the absence of dystrophin, providing a dystrophin-like protective effect without delivering the dystrophin protein itself. This approach focuses on compensating for dystrophin loss by boosting a natural homolog rather than replacing or adding dystrophin directly. In contrast, stem cell transplantation aims to supply dystrophin-containing cells, gene therapy would deliver dystrophin or micro-dystrophin genes, and anti-inflammatory therapy addresses secondary damage rather than restoring membrane stability.

8. FSHD1 contraction is located on which chromosome region?

A. 3p

B. 6p

C. 4q35

D. 17p

FSHD1 contraction localizes to the subtelomeric D4Z4 repeat array on chromosome 4 at region 4q35. In affected individuals, this D4Z4 array shortens from its normal length to a small number of repeats; this contraction must occur on a permissive 4qA haplotype that provides a polyadenylation signal to stabilize the DUX4 transcript. When DUX4 is inappropriately expressed in muscle, it drives the pathogenic changes seen in facioscapulohumeral muscular dystrophy. The other chromosome regions listed are not the disease locus, so they don't account for FSHD1.

9. Which is a key characteristic of muscular dystrophy?

A. Sudden onset with stable strength

B. Progressive muscle weakness

C. Hyperglycemia

D. Painful joints with swelling

Muscular dystrophy is defined by a gradual, ongoing loss of skeletal muscle strength as muscle fibers progressively degenerate. Because of this, weakness worsens over time rather than appearing abruptly and staying the same. The most characteristic feature is progressive muscle weakness, typically starting in proximal muscles like the hips and shoulders. The other options don't fit the pattern: a sudden onset with stable strength would indicate a non-progressive or acute issue; hyperglycemia points to metabolic problems such as diabetes; painful joints with swelling suggests arthritis or inflammatory joint disease rather than the primary muscle degeneration seen in MD.

10. Which marker is elevated in muscular dystrophy due to muscle damage?

A. AST levels

B. ALT levels

C. CK levels

D. LDH levels

Creatine kinase is elevated because it is released from damaged skeletal muscle fibers in muscular dystrophy. CK is highly concentrated in muscle, and when myofibers are damaged, the CK leaks into the bloodstream, causing marked increases—often far above normal. This makes CK a sensitive and relatively specific marker of skeletal muscle injury in MD. Other enzymes like AST and ALT come from multiple tissues (liver, heart, muscle) and LDH is even more nonspecific, so their elevations are not as diagnostic for muscle-specific damage.

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://musculardystrophy.examzify.com

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