

MUSCULAR DYSTROPHY (MD) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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<https://musculardystrophy.examzify.com>



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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. Distal weakness pattern involving face, hands, and forearms is characteristic of which dystrophy?**
 - A. Myotonic Dystrophy
 - B. Becker Muscular Dystrophy
 - C. Limb-Girdle Muscular Dystrophy
 - D. Duchenne Muscular Dystrophy
- 2. Myotonic Dystrophy systemic involvement includes which combination of organ systems?**
 - A. It affects only skeletal muscle
 - B. It affects only the heart
 - C. Cardiac, respiratory, GI, ocular systems
 - D. It is confined to limbs
- 3. Which muscular dystrophy commonly requires respiratory support and airway clearance strategies as part of standard care?**
 - A. Duchenne muscular dystrophy
 - B. Becker muscular dystrophy
 - C. Facioscapulohumeral muscular dystrophy
 - D. Myotonic dystrophy type 2
- 4. Which item is considered adaptive equipment in muscular dystrophy?**
 - A. Prescription medications
 - B. Respiratory therapy
 - C. Exercise bands
 - D. Wheelchairs, lifts, shower chairs, splints
- 5. Which noninvasive intervention is often required to manage sleep-disordered breathing in advanced DMD?**
 - A. Invasive ventilation
 - B. Supplemental oxygen alone
 - C. Chest physiotherapy
 - D. Noninvasive ventilation

- 6. LGMD type 1 is inherited as what?**
- A. Autosomal recessive
 - B. Autosomal dominant
 - C. X-linked recessive
 - D. Mitochondrial inheritance
- 7. Myotonic Dystrophy commonly involves which body systems beyond skeletal muscles?**
- A. Only skeletal muscle
 - B. Cardiac, respiratory, GI, ocular systems
 - C. Nervous system only
 - D. Muscles of the limbs
- 8. Which domain includes grief, depression, and loss of independence?**
- A. Education impact
 - B. Work impact
 - C. Psychosocial impact
 - D. Cognition in MD
- 9. Which option would be least aligned with the OT role in muscular dystrophy?**
- A. Providing compensation strategies and adaptation
 - B. Supporting participation across lifespan
 - C. Relying solely on medical treatment with no OT input
 - D. Encouraging environmental modifications
- 10. Which condition is characterized by early contractures before weakness?**
- A. Duchenne MD
 - B. Myotonic Dystrophy
 - C. Emery-Dreifuss MD
 - D. Facioscapulohumeral MD

Answers

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

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Explanations

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1. Distal weakness pattern involving face, hands, and forearms is characteristic of which dystrophy?

- A. Myotonic Dystrophy**
- B. Becker Muscular Dystrophy
- C. Limb-Girdle Muscular Dystrophy
- D. Duchenne Muscular Dystrophy

Distal weakness with facial involvement is a hallmark of myotonic dystrophy. This condition features myotonia (delayed relaxation after contraction) and weakness that often starts in distal muscles of the hands and forearms, while also affecting facial muscles, producing ptosis and facial weakness. By contrast, Duchenne/Becker and limb-girdle muscular dystrophies mostly affect proximal muscles—the shoulder/hip girdles—early on, with less emphasis on the face and distal hand/forearm muscles. So the described pattern best fits myotonic dystrophy.

2. Myotonic Dystrophy systemic involvement includes which combination of organ systems?

- A. It affects only skeletal muscle
- B. It affects only the heart
- C. Cardiac, respiratory, GI, ocular systems**
- D. It is confined to limbs

Myotonic Dystrophy affects more than just skeletal muscles; it commonly involves several other organ systems as well. Beyond the muscles you see weakness and delayed relaxation (myotonia), the disease often touches the heart, the lungs, the digestive tract, and the eyes. Cardiac involvement can include conduction defects and arrhythmias, so heart rhythm problems are a real concern. Respiratory muscles, including the diaphragm and chest wall, can weaken, leading to breathing difficulties and sleep-related breathing issues. The GI system can be affected by impaired motility and swallowing difficulties, causing dysphagia and other GI symptoms. Ocular involvement frequently includes cataracts and other eye changes. Because these systems can all be affected, the combination of cardiac, respiratory, GI, and ocular involvement best reflects the systemic nature of the disease.

3. Which muscular dystrophy commonly requires respiratory support and airway clearance strategies as part of standard care?

- A. Duchenne muscular dystrophy**
- B. Becker muscular dystrophy
- C. Facioscapulohumeral muscular dystrophy
- D. Myotonic dystrophy type 2

Duchenne muscular dystrophy commonly progresses with early and severe weakness of the respiratory muscles, including the diaphragm and intercostals. As these muscles weaken, effective coughing declines and nighttime (and sometimes daytime) ventilation becomes inadequate, leading to hypoventilation, atelectasis, and pneumonia risk. Because of this, respiratory support and airway clearance strategies are a standard part of care—examples include noninvasive ventilation at night and devices or techniques to help clear secretions (cough-assist devices, chest physiotherapy, and regular airway clearance routines). Becker muscular dystrophy can involve breathing difficulties, but it typically starts later and progresses more slowly, so respiratory support is not as universally required as in Duchenne. Facioscapulohumeral muscular dystrophy mainly affects shoulder and facial muscles, with respiratory involvement being less common and not routinely part of standard care. Myotonic dystrophy type 2 can have respiratory weakness in some individuals, especially with advanced disease, but again it's not as consistently addressed with routine respiratory support as in Duchenne. So the best answer is Duchenne muscular dystrophy because its pattern of rapid, early respiratory muscle decline makes airway clearance and respiratory support a standard part of management.

4. Which item is considered adaptive equipment in muscular dystrophy?

- A. Prescription medications
- B. Respiratory therapy
- C. Exercise bands
- D. Wheelchairs, lifts, shower chairs, splints**

Adaptive equipment refers to devices that help a person with muscular dystrophy perform daily tasks and stay independent despite muscle weakness. In MD, mobility and self-care can become progressively harder, so tools like wheelchairs provide mobility, lifts assist with transfers between bed, chair, or shower, shower chairs support safe bathing, and splints help stabilize joints and prevent contractures. These items modify how activities are done or how the person moves, enhancing safety and independence. Prescription medications and respiratory therapy are treatments, not equipment. Exercise bands are tools for therapy and conditioning, not adaptive devices used to perform daily tasks.

5. Which noninvasive intervention is often required to manage sleep-disordered breathing in advanced DMD?

- A. Invasive ventilation
- B. Supplemental oxygen alone
- C. Chest physiotherapy
- D. Noninvasive ventilation**

When DMD progresses, weakness of the breathing muscles, especially the diaphragm, leads to nocturnal hypoventilation and sleep-disordered breathing. The best noninvasive approach to manage this is noninvasive ventilation, which delivers positive airway pressure through a mask or similar interface to assist breathing during sleep. This support increases tidal volumes, improves overnight gas exchange, reduces carbon dioxide buildup, and often enhances daytime energy and quality of life, all without needing an artificial airway. Supplemental oxygen alone won't correct the underlying hypoventilation and can even worsen CO₂ retention in a ventilatory failure. Chest physiotherapy helps clear secretions but doesn't provide ventilation during sleep. Invasive ventilation involves an airway through a tube and is not the noninvasive option described here.

6. LGMD type 1 is inherited as what?

- A. Autosomal recessive
- B. Autosomal dominant**
- C. X-linked recessive
- D. Mitochondrial inheritance

LGMD type 1 is inherited in an autosomal dominant manner. This means a single mutated allele on an autosome is enough to cause the disease. Affected individuals often have an affected parent, and each child has about a 50% chance of inheriting the condition, regardless of sex. Both males and females are equally affected, and the pattern often shows across multiple generations. This differs from autosomal recessive inheritance (where two mutated copies are needed and the trait may skip generations), X-linked recessive (more commonly affecting males and transmitted through carrier mothers), and mitochondrial inheritance (passed from mothers to all children).

7. Myotonic Dystrophy commonly involves which body systems beyond skeletal muscles?

- A. Only skeletal muscle
- B. Cardiac, respiratory, GI, ocular systems**
- C. Nervous system only
- D. Muscles of the limbs

Myotonic dystrophy is a multisystem disorder. Beyond skeletal muscles, it commonly affects the heart, lungs, digestive tract, and eyes. Cardiac conduction defects and arrhythmias can occur, reflecting heart involvement. Weakness of respiratory muscles can lead to breathing problems. The gastrointestinal tract may show dysphagia and motility issues, while the eyes can develop early cataracts and ptosis due to smooth muscle involvement. This broad pattern across several organ systems is why the option listing cardiac, respiratory, GI, and ocular involvement best captures the typical disease spectrum. The other choices are too narrow, either focusing only on muscles or implying involvement of just one system.

8. 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.

9. Which option would be least aligned with the OT role in muscular dystrophy?

- A. Providing compensation strategies and adaptation
- B. Supporting participation across lifespan
- C. Relying solely on medical treatment with no OT input**
- D. Encouraging environmental modifications

OT in muscular dystrophy centers on keeping people as independent as possible by making daily tasks feasible through compensation strategies, task adaptation, assistive devices, and changes to the environment. In this context, relying solely on medical treatment with no OT input is least aligned because it ignores how weakness affects daily activities, energy management, and safety, and it misses how we can modify tasks and surroundings to maintain participation and quality of life. Muscular dystrophy commonly involves progressive muscle loss, so practical support—learning energy-conserving techniques, choosing appropriate aids, and planning for mobility and seating across the lifespan—becomes essential. The other approaches describe core OT activities: teaching compensation strategies and adaptations, supporting participation over time, and promoting environmental modifications to reduce barriers and promote safe, independent performance.

10. Which condition is characterized by early contractures before weakness?

- A. Duchenne MD
- B. Myotonic Dystrophy
- C. Emery-Dreifuss MD**
- D. Facioscapulohumeral MD

Early joint contractures before evident muscle weakness point to Emery-Dreifuss muscular dystrophy. In this form, tight tendons around the elbows, Achilles tendons, and the back of the neck appear in childhood, restricting movement long before substantial proximal weakness shows up. Only afterward do the muscles begin to weaken and waste become noticeable. This pattern helps distinguish it from other muscular dystrophies: Duchenne tends to start with proximal weakness as the first sign; myotonic dystrophy features myotonia and a broader myopathy with distal involvement and systemic features; facioscapulohumeral MD commonly presents with scapulohumeral weakness and facial weakness early on. The hallmark sequence—contractures appearing early, with weakness later—best matches Emery-Dreifuss muscular dystrophy.

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!

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