Musculoskeletal (MSK) Knee Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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. What is the average score for the 30-second chair stand test?

- **A. 12 stands**
- **B. 16 stands**
- **C. 14 stands**
- **D. 10 stands**

2. What is the primary function of the knee?

- **A. Impact absorption and adaptation**
- **B. Weight transfer to the LE**
- **C. Shortening of the lower limb to allow foot clearance during the swing phase**
- **D. Joint stabilization during high-speed running**

3. Which activity is NOT an example of knee injury prevention program activities?

- **A. Nordic hamstring exercise**
- **B. Lunges**
- **C. Box jumps**
- **D. Prone Plank**

4. What is Kellgren-Lawrence grade 1 characterized by?

- **A. Definite joint space narrowing**
- **B. No features of OA**
- **C. Large osteophytes**
- **D. Doubtful narrowing of joint space and possible osteophytic lipping**

5. According to the ACR criteria, how many clinical findings are needed out of 6?

- **A. 2 out of 6**
- **B. 3 out of 6**
- **C. 4 out of 6**
- **D. 3 out of 6**

6. During internal or external rotation of the knee, which bony structures do the menisci follow?

A. Tibial plateau

B. Patella groove

C. Medial collateral ligament

D. Femoral condyles

7. Which muscles are hamstrings and active during knee flexion?

A. Rectus Femoris; Vastus Medialis

B. Biceps Femoris; Semimembranosus; Semitendinosus

C. Semitendinosus; Popliteus

D. Biceps Femoris; Semimembranosus; Semitendinosus

8. Which statement is true regarding the roles of the ACL and PCL?

A. The PCL limits anterior translation of the tibia

B. The MCL prevents posterior translation of the tibia

C. The ACL limits anterior translation of the tibia and provides rotational stability

D. The ACL limits posterior translation of the tibia

9. Which two tests are used to assess quadriceps flexibility?

A. Thomas Test and Ely Test

B. Thomas Test and 90/90 HS Test

C. 90/90 HS Test and Ely Test

D. Ober's Test and Ely Test

10. What is the Minimally Detectable Change (MDC) for the 6MWT?

A. 61.34 m

B. 20 m

C. 30 m

D. 75 m

Answers

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

Explanations

1. What is the average score for the 30-second chair stand test?

A. 12 stands

B. 16 stands

C. 14 stands

D. 10 stands

The 30-second chair stand test gauges lower body strength and functional endurance by counting how many full stands a person can perform from a chair in 30 seconds. This measure reflects the power of the quadriceps and hip extensors, which are important for everyday tasks like rising from a chair, stair climbing, and maintaining balance. Normative data for adults, especially older adults, typically place the average around mid-teens, with about 14 stands in 30 seconds being a common benchmark. So 14 stands best represents the average performance you'd expect in a general population. Fewer stands suggest weaker lower-body strength, while more stands indicate stronger-than-average function.

2. What is the primary function of the knee?

A. Impact absorption and adaptation

B. Weight transfer to the LE

C. Shortening of the lower limb to allow foot clearance during the swing phase

D. Joint stabilization during high-speed running

The knee's primary function is transferring body weight to the lower extremity. In standing and walking, it acts as a central load-bearing joint that passes forces from the femur through the tibia and onward to the ground, while allowing flexion and extension to accommodate movement. This weight-transfer role underpins efficient gait and upright posture, with ligaments and the menisci helping stabilize and distribute the load. The other aspects—shock absorption, limb shortening for foot clearance, or stabilization during high-speed running—are important features that accompany knee function but do not define its main purpose.

3. Which activity is NOT an example of knee injury prevention program activities?

A. Nordic hamstring exercise

B. Lunges

C. Box jumps

D. Prone Plank

Knee injury prevention programs emphasize neuromuscular training to improve control, alignment, and strength around the knee during dynamic tasks like landing and cutting. The Nordic hamstring exercise provides controlled eccentric hamstring loading that supports knee stability and helps prevent hamstring and ACL-related injuries. Lunges build functional strength and improve knee tracking and stability in the sagittal and frontal planes, aiding proper knee alignment during movement. A prone plank enhances core stability, which supports trunk control and reduces compensatory knee valgus during dynamic tasks. Box jumps, while useful for power, are high-impact plyometrics that impose substantial knee loading and require advanced technique; they are not a standard, core component of knee injury prevention programs and are less suitable as a base exercise for reducing knee injury risk.

4. What is Kellgren-Lawrence grade 1 characterized by?

A. Definite joint space narrowing

B. No features of OA

C. Large osteophytes

D. Doubtful narrowing of joint space and possible osteophytic lipping

Kellgren-Lawrence grading is a radiographic way to describe how advanced osteoarthritis is on X-rays by looking for osteophytes, joint space changes, sclerosis, and deformity. In this grade, changes are minimal and may be ambiguous on the image. You can see small osteophytes (bone spurs) and only a doubtful or questionable narrowing of the joint space, with no definite loss of space or deformity. This distinguishes it from later grades, where osteophytes become definite and joint space narrowing is clear, often with sclerosis or bone deformity. So, a description of doubtful joint space narrowing with possible osteophytic lipping is the classic finding for this early stage.

5. According to the ACR criteria, how many clinical findings are needed out of 6?

A. 2 out of 6

B. 3 out of 6

C. 4 out of 6

D. 3 out of 6

The ACR knee OA criteria classify someone as having osteoarthritis when there is knee pain plus at least three of six clinical features: age over 50, morning stiffness lasting less than 30 minutes, crepitus, bony tenderness, bony enlargement, and no palpable warmth. So the minimum number of clinical findings needed out of six is three. If more than three features are present, the criteria are still met. Imaging isn't required for classification, though X-rays can support the diagnosis.

6. During internal or external rotation of the knee, which bony structures do the menisci follow?

A. Tibial plateau

B. Patella groove

C. Medial collateral ligament

D. Femoral condyles

During knee rotation, the moving partner in the joint is the femoral condyles, which roll and glide on the tibial plateaus. The menisci sit between these surfaces and are carried along by that motion to preserve contact area and joint congruence. Although the menisci are anchored to the tibia, their body tracks with the femoral condyles as the knee internally or externally rotates. The other structures listed don't drive this tracking: the patellar groove relates to patellofemoral movement, and the medial collateral ligament is a stabilizer rather than a guide for meniscal motion.

7. Which muscles are hamstrings and active during knee flexion?

A. Rectus Femoris; Vastus Medialis

B. Biceps Femoris; Semimembranosus; Semitendinosus

C. Semitendinosus; Popliteus

D. Biceps Femoris; Semimembranosus; Semitendinosus

The main idea is identifying the true knee flexors on the back of the thigh. The three hamstring muscles are the biceps femoris (both heads), semimembranosus, and semitendinosus. They cross the knee from the posterior thigh to the tibia/fibula, so when they contract they pull the lower leg backward, producing knee flexion. The short head of the biceps femoris is included among the hamstrings, even though it doesn't cross the hip, so it still helps bend the knee. The other muscles listed aren't hamstrings. The rectus femoris and vastus medialis are part of the quadriceps, which extend the knee. The popliteus helps unlock the knee to start flexion but isn't a hamstring. So the muscles that are hamstrings and active during knee flexion are the biceps femoris, semimembranosus, and semitendinosus.

8. Which statement is true regarding the roles of the ACL and PCL?

A. The PCL limits anterior translation of the tibia

B. The MCL prevents posterior translation of the tibia

C. The ACL limits anterior translation of the tibia and provides rotational stability

D. The ACL limits posterior translation of the tibia

The key idea is what each ligament does to tibial movement relative to the femur. The ACL prevents the tibia from moving forward (anterior translation) under the femur and also helps control rotational twisting of the knee, especially during pivoting actions. That combination—limiting anterior tibial translation and providing rotational stability—makes this statement true. In contrast, the PCL's job is to prevent backward (posterior) movement of the tibia, not forward, and the MCL mainly resists valgus stress on the knee rather than posterior tibial translation. So the other statements don't fit the actual roles of these ligaments.

9. Which two tests are used to assess quadriceps flexibility?

A. Thomas Test and Ely Test

B. Thomas Test and 90/90 HS Test

C. 90/90 HS Test and Ely Test

D. Ober's Test and Ely Test

Quadriceps flexibility hinges on the length of the rectus femoris, a muscle that crosses both the hip and knee. To specifically assess its length, clinicians use tests that place the hip and knee in positions that reveal tightness of that muscle. The Thomas test does this by bringing the thigh to the chest and watching how the opposite leg and the knee behave as the hip is flexed; if the rectus femoris is tight, the knee may not flex normally or the thigh may not lie flat, signaling shortened rectus femoris. The Ely test is performed with the patient prone and the knee rapidly flexed; if the hip on the tested side rises off the table (or the pelvis tilts) during knee flexion, that indicates rectus femoris tightness. Together, these two tests specifically assess quadriceps (rectus femoris) length across both joints, making them the best pair for gauging quadriceps flexibility. The other tests listed target hamstrings or other structures and don't isolate quadriceps length as directly.

10. What is the Minimally Detectable Change (MDC) for the 6MWT?

A. 61.34 m

B. 20 m

C. 30 m

D. 75 m

Minimally Detectable Change for the 6MWT is the smallest amount of change that can be considered a real improvement or decline, not just measurement noise, typically calculated at the 95% confidence level. It combines the test's measurement error with its consistency across trials. In practice, MDC95 is derived from the standard error of measurement (SEM), which itself depends on how variable the test outcomes are (SD) and how consistently the test is performed (ICC). The usual formula is MDC95 = 1.96 × sqrt(2) × SEM, with SEM = SD × sqrt(1 − ICC). A higher MDC95 means you need a larger change to be confident the difference is real. For the 6MWT in many adult clinical populations, values around 50–60 meters are commonly reported as the threshold beyond which changes are unlikely to be due to measurement error alone. A value of 61.34 meters fits this range well, so it represents the smallest change you can be 95% confident is real rather than noise. This is distinct from clinical meaningfulness (MCID), which considers patient-perceived importance; MDC is strictly about measurement reliability. So, the 61.34 m MDC95 means a patient would need to improve or decline by about 61 meters in the 6MWT to be confident the change reflects true functional change beyond measurement variability.

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://mskknee.examzify.com

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