

MUSCULOSKELETAL (MSK) KNEE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Post-ACL reconstruction rehab aims to restore normal knee ROM by which time, with emphasis on full extension?**
 - A. Weeks 2-4
 - B. Weeks 6-8
 - C. Weeks 4-6
 - D. Weeks 8-12
- 2. When does progressive strength training begin after ACL reconstruction?**
 - A. Week 1
 - B. Week 9
 - C. Week 2
 - D. Week 6
- 3. Which history finding is typical for a PCL injury?**
 - A. Traumatic injury causing posterior translation of the tibia on the femur
 - B. Feeling of instability with weightbearing and change of direction
 - C. Immediate effusion within hours
 - D. Localized posterior knee pain with kneeling or decelerating
- 4. When should isometric/active exercise with NMES begin after TKA?**
 - A. 2 weeks
 - B. Immediately post-op
 - C. 3 months
 - D. 6 weeks
- 5. Which KOOS subscale assesses activities of daily living?**
 - A. Symptoms
 - B. Pain
 - C. ADL
 - D. QoL
- 6. What type of movement will the MCL and LCL prevent?**
 - A. Varus
 - B. IR
 - C. ER
 - D. Valgus

- 7. What is the resting position of the tibiofemoral joint?**
- A. 25 degrees flexion
 - B. Full extension
 - C. 90 degrees flexion
 - D. Neutral with slight flexion
- 8. The MDC value of 49.17 cm corresponds to which hop test?**
- A. Single leg hop for distance
 - B. Single leg triple hop for distance
 - C. Single limb crossover hop for distance
 - D. Stair climb test
- 9. Which exam finding is most indicative of a PCL injury?**
- A. Decreased ROM
 - B. Swelling
 - C. Positive posterior sag sign
 - D. Positive posterior drawer test with soft end feel or increased posterior tibial translation
- 10. Sport-specific exercises are typically started in which weeks after ACL reconstruction?**
- A. Weeks 1-3
 - B. Weeks 13-16
 - C. Weeks 9-12
 - D. Weeks 5-7

Answers

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

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Explanations

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1. Post-ACL reconstruction rehab aims to restore normal knee ROM by which time, with emphasis on full extension?

- A. Weeks 2-4
- B. Weeks 6-8**
- C. Weeks 4-6
- D. Weeks 8-12

The main idea is that restoring knee motion after ACL reconstruction hinges on achieving full extension as soon as safely possible, because an extension deficit sets the stage for altered gait and long-term joint problems. Early on, swelling, pain, and graft protection limit movement, so rehab focuses on controlling inflammation and gradually regaining motion. By about 6 to 8 weeks, most patients can tolerate and achieve full extension, which provides a stable foundation for restoring flexion, strength, and neuromuscular control. If full extension isn't reached by this window, the risk of lasting extension loss and compensatory movement increases. Earlier timeframes (2-4 weeks or 4-6 weeks) are typically too soon for reliable full extension, while later phases (8-12 weeks) focus more on progressing overall ROM and strengthening once extension has been normalized.

2. When does progressive strength training begin after ACL reconstruction?

- A. Week 1
- B. Week 9
- C. Week 2**
- D. Week 6

Initiating progressive strength training around two weeks after ACL reconstruction reflects balancing graft protection with early muscle reactivation. In the first weeks the focus is on reducing swelling, restoring knee extension, and reactivating the quadriceps. By about two weeks, many patients have enough ROM, less swelling, and improved quad activation to tolerate light resistance work. This allows safe introduction of low-load strengthening and closed-chain exercises (for example, controlled leg movements, gentle squats or leg presses at low resistance) while the knee is still protected by a brace and healing graft. Starting too early risks stressing the graft, while waiting much longer can lead to more rapid muscle loss and slower recovery. As healing progresses and tolerance builds, resistance and exercise complexity are increased.

3. Which history finding is typical for a PCL injury?

- A. Traumatic injury causing posterior translation of the tibia on the femur
- B. Feeling of instability with weightbearing and change of direction
- C. Immediate effusion within hours**
- D. Localized posterior knee pain with kneeling or decelerating

Initial knee swelling within hours after a trauma points to an intra-articular bleed from a ligament tear. When the PCL is injured, blood can fill the joint, producing a rapid effusion that you notice soon after the injury. This rapid swelling is a classic historical clue for a cruciate ligament tear, including the PCL. Instability with weightbearing and change of direction is more characteristic of ACL injuries, not the typical early history of a PCL tear. Localized posterior knee pain with kneeling or decelerating can occur, but it's less specific than the quick effusion. Posterior translation of the tibia on the femur is an exam finding (not a history), revealed on tests like the posterior drawer.

4. When should isometric/active exercise with NMES begin after TKA?

- A. 2 weeks
- B. Immediately post-op**
- C. 3 months
- D. 6 weeks

Starting isometric and active exercise with NMES immediately after total knee arthroplasty is recommended because it helps counteract quadriceps inhibition and prevents rapid strength loss. After a knee replacement, swelling and pain cause the quadriceps to shut down its voluntary activation (arthrogenic inhibition), so initiating muscle activation early supports neural drive to the muscle, helps maintain knee extension, and reduces atrophy. NMES aids motor unit recruitment when voluntary effort is limited, so you can begin strengthening goals sooner without stressing the joint. This early start also supports range of motion and helps minimize stiffness as healing progresses. Practical safety matters: begin as soon as the surgeon approves and there are no contraindications (such as infection, skin irritation at the electrode sites, or devices that NMES would interfere with). Delaying activation—by weeks or months—can lead to greater weakness and stiffness, making rehabilitation more difficult later.

5. Which KOOS subscale assesses activities of daily living?

- A. Symptoms
- B. Pain
- C. ADL**
- D. QoL

The concept tested is identifying which KOOS subscale focuses on activities of daily living. The subscale that assesses daily living tasks is designed to capture how knee problems interfere with ordinary activities such as climbing stairs, getting in and out of chairs, standing for periods, bending, kneeling, and walking short distances. This is distinct from the Pain subscale, which targets pain intensity; the Symptoms subscale, which covers stiffness, swelling, and other knee symptoms; the Sports/Rec subscale, which looks at higher-demand activities; and the Quality of Life subscale, which reflects knee-related overall well-being. In KOOS, higher scores indicate better function, so a higher ADL score means fewer difficulties with daily activities.

6. What type of movement will the MCL and LCL prevent?

- A. Varus
- B. IR
- C. ER**
- D. Valgus

Collateral ligaments stabilize the knee against sideways opening and help control rotation. The medial collateral ligament resists valgus stress (knee opening toward the outside on the medial side), while the lateral collateral ligament resists varus stress (knee opening toward the inside on the lateral side). In addition, both contribute to rotational stability by limiting external rotation of the tibia relative to the femur, especially with the knee flexed. Internal rotation is not their primary restraint. So, the movement these ligaments collectively help prevent is external rotation of the tibia (with valgus and varus being their direct side-to-side restraint roles).

7. What is the resting position of the tibiofemoral joint?

- A. 25 degrees flexion
- B. Full extension
- C. 90 degrees flexion
- D. Neutral with slight flexion

The resting (loose-packed) position of the knee is when the joint is most relaxed and has the most give for movement. For the tibiofemoral joint this is about 25 degrees of knee flexion. In this position the ligaments and joint capsule are lax, the articular surfaces are not pressed firmly together, and there is maximal joint play, which makes it the easiest position to assess or manipulate the joint. In contrast, full extension is a close-packed position where ligaments are taut and the joint is more stable with the surfaces highly congruent, leaving less room for movement. A 90-degree bend is not a resting position, and neutral with slight flexion is not the typical loose-packed range. So the best resting position is around 25 degrees of flexion.

8. The MDC value of 49.17 cm corresponds to which hop test?

- A. Single leg hop for distance
- B. Single leg triple hop for distance
- C. Single limb crossover hop for distance
- D. Stair climb test

Minimal detectable change (MDC) is the smallest amount of change that likely reflects a real difference in performance rather than measurement error, usually reported with 95% confidence. In hop tests, MDC values vary because of how dependable the measurement is and how variable a person's technique can be. The stair climb test yields a time score (seconds), not a distance in centimeters, so MDC expressed in centimeters wouldn't apply there. Among hop tests that measure distance, the single limb crossover hop for distance tends to have the highest variability due to the crossing pattern and landing dynamics, which increases measurement error and pushes the MDC higher. That's why a value like 49.17 cm best fits the crossover hop distance test. In practice, a change exceeding about 49 cm would be interpreted as real improvement beyond measurement error for this test.

9. Which exam finding is most indicative of a PCL injury?

- A. Decreased ROM
- B. Swelling
- C. Positive posterior sag sign
- D. Positive posterior drawer test with soft end feel or increased posterior tibial translation

The key concept is posterior stability of the knee, specifically how much the tibia can move backward relative to the femur when the PCL is stressed. The posterior drawer test performed with the knee flexed to about 90 degrees directly assesses this posterior translation. If the tibia moves back more than the other knee and there is a soft or diminished end feel, that indicates PCL laxity or rupture. This finding directly reflects the PCL's role in preventing posterior tibial translation, making it the most specific and informative sign of a PCL injury. In contrast, swelling or decreased range of motion are nonspecific and can accompany many knee problems, and while a posterior sag sign can hint at PCL injury, it's less precise than an objective posterior drawer test result.

10. Sport-specific exercises are typically started in which weeks after ACL reconstruction?

- A. Weeks 1-3
- B. Weeks 13-16
- C. Weeks 9-12**
- D. Weeks 5-7

As ACL rehab progresses, the emphasis shifts from protecting the graft to rebuilding strength, range of motion, and neuromuscular control so the knee can tolerate sport demands. By about nine to twelve weeks after surgery, most patients have regained sufficient range of motion, reduced swelling, and meaningful improvements in quadriceps and hamstring strength, allowing a move into sport-specific training. At this stage, athletes can begin drills that mimic running, cutting, deceleration, and landing patterns with proper technique and controlled intensity, which helps prepare the knee for the demands of their sport while still protecting the graft. Starting these exercises earlier would risk graft stress, while delaying them too long can slow progression toward return to play.

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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:

<https://mskknee.examzify.com>

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

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