

MUSCULOSKELETAL NON-INFECTIOUS CLAW DISEASES PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://musculononinfecclawdiseases.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. How often should corkscrew claw cows be trimmed?**
 - A. 2-3 months
 - B. 6-8 weeks
 - C. 3-4 months
 - D. 12 months
- 2. What does the digital cushion lie between?**
 - A. P3, sole horn
 - B. P3, navicular bone
 - C. P2, sole horn
 - D. Digital cushion and hoof wall
- 3. Vertical wall cracks are also called what?**
 - A. Beef
 - B. Sand cracks
 - C. Laminitis
 - D. Intercellular cement
- 4. What is the recovery time for a sole ulcer?**
 - A. 20-60 days
 - B. 5-10 days
 - C. 60-90 days
 - D. 1-2 days
- 5. Which term describes a long-standing form of laminitis?**
 - A. Chronic laminitis
 - B. Acute laminitis
 - C. Inflammatory laminitis
 - D. Non-inflammatory laminitis
- 6. Which combination of substances is known to prevent absorption of zinc and copper?**
 - A. Sulfate, iron, nitrates
 - B. Sulfate, zinc, nitrates
 - C. Sulfate, iron, phosphates
 - D. Nitrates, copper, zinc

7. Which factor most influences prognosis and healing time for a sole ulcer?

- A. Color of the hoof horn.
- B. Ulcer size.
- C. Season of the year.
- D. Owner's education level.

8. The intercellular cement includes minerals such as which pair?

- A. Biotin
- B. Intercellular cement
- C. Laminitis
- D. Zinc, copper

9. Corkscrew claw is defined as

- A. A rotational deformity of one or both claws causing the axis to twist and load to be uneven, producing lameness
- B. A bacterial infection of the hoof caused by bacteria
- C. A growth plate injury in calves
- D. A temporary swelling of the hoof tissue

10. Hormone produced around calving that causes laxity of the collagen attachments of P3

- A. Relaxin
- B. Oxytocin
- C. Estrogen
- D. Progesterone

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How often should corkscrew claw cows be trimmed?

- A. 2-3 months
- B. 6-8 weeks
- C. 3-4 months**
- D. 12 months

Regular trimming is needed because corkscrew claw involves abnormal growth and twisting of the claw that changes how weight is borne. Trimming about every three to four months keeps the toe length and alignment in check as the horn grows, helping to relieve pressure and prevent progression of the deformity. If trimming is delayed, the toe can become overgrown and the twist can worsen, leading to more pain, greater lameness, and reduced production. Trimming more often than this isn't usually necessary and could risk tissue damage, while waiting too long accelerates deterioration.

2. What does the digital cushion lie between?

- A. P3, sole horn**
- B. P3, navicular bone
- C. P2, sole horn
- D. Digital cushion and hoof wall

The digital cushion is a thick, elastic pad of tissue on the plantar/palmar aspect of the hoof, functioning as a shock absorber and helping to distribute weight. In a cross-section of the hoof, this cushion sits directly under the coffin bone (P3) and against the sole horn, filling the space between them. That placement allows it to cushion the bone during impact as the weight-bearing surface meets the ground. It isn't between the coffin bone and the navicular bone (the navicular bone lies behind the coffin bone and interacts with the deep digital flexor tendon rather than forming a sandwich with the cushion), nor is it between P2 and the sole horn or between the cushion and the hoof wall.

3. Vertical wall cracks are also called what?

- A. Beef
- B. Sand cracks**
- C. Laminitis
- D. Intercellular cement

Vertical cracks in the hoof wall are called sand cracks. This term describes narrow fissures that run vertically from the coronary band down the hoof, often seen in dry, brittle hooves or after impact. It's distinct from laminitis, which is an inflammatory disease of the tissues connecting the hoof wall to the bone, and from intercellular cement, which is a normal component that helps bind hoof wall cells together rather than a type of crack. The other options aren't used to name these cracks (beef is unrelated, and laminitis is a disease, not a crack). Understanding sand cracks helps explain why the hoof can trap dirt, become infected, and require targeted trimming, conditioning, and protective shoeing or bonding to prevent propagation.

4. What is the recovery time for a sole ulcer?

- A. 20-60 days**
- B. 5-10 days
- C. 60-90 days
- D. 1-2 days

Healing a sole ulcer in a horse involves repair of damaged hoof tissue and regrowth of hoof structures, which takes time rather than days. With proper offloading, rest, pain and inflammation control, and appropriate hoof care or shoeing, many mild to moderate ulcers begin to resolve over several weeks. The typical recovery window is in the range of a few weeks to a couple of months, so about 20–60 days matches the common teaching range for a standard healing course. Shorter times (a few days) aren't realistic because tissue repair and hoof remodeling require sustained healing. Longer durations (60–90 days) can occur in more severe or chronic cases, but the usual expectation for a routine recovery is around 20–60 days.

5. Which term describes a long-standing form of laminitis?

- A. Chronic laminitis**
- B. Acute laminitis
- C. Inflammatory laminitis
- D. Non-inflammatory laminitis

Long-standing laminitis is described as chronic laminitis. The key difference is duration: acute laminitis is a sudden onset with active inflammation and severe pain, while chronic laminitis implies the condition has persisted long enough to cause irreversible structural changes in the hoof, such as rotation or sinking of the distal phalanx and progressive hoof deformities. Inflammatory laminitis and non-inflammatory laminitis aren't standard separate categories for the disease course; inflammation is part of the process, but the term that specifically denotes a long duration is chronic laminitis.

6. Which combination of substances is known to prevent absorption of zinc and copper?

- A. Sulfate, iron, nitrates**
- B. Sulfate, zinc, nitrates
- C. Sulfate, iron, phosphates
- D. Nitrates, copper, zinc

Absorption of trace minerals in the gut can be reduced when other substances bind or compete with them. Iron is known to compete with zinc (and copper) for uptake in the intestinal lining, so high iron levels can directly lower zinc and copper absorption. Sulfate and nitrate can further decrease mineral bioavailability by forming poorly soluble salts or complexes with zinc and copper in the gut, reducing their solubility and uptake. When combined, these three elements create multiple barriers to absorption for both minerals, making this mix the most effective at preventing zinc and copper absorption. The other options rely on fewer or less impactful interactions, so they don't inhibit both minerals as consistently.

7. Which factor most influences prognosis and healing time for a sole ulcer?

- A. Color of the hoof horn.
- B. Ulcer size.**
- C. Season of the year.
- D. Owner's education level.

Ulcer size is the main determinant because healing must restore a larger area of damaged tissue and re-epithelialize the exposed corium. The bigger the ulcer, the more tissue needs to regrow, the more surface area there is for potential infection, and the longer the recovery process will take. A smaller ulcer involves less tissue loss and typically heals faster with proper care. Other factors, like hoof horn color or owner education, don't reflect how extensive the injury is or how long healing will take, and any indirect effects from season or management are secondary to the actual size of the lesion.

8. The intercellular cement includes minerals such as which pair?

- A. Biotin
- B. Intercellular cement
- C. Laminitis
- D. Zinc, copper**

The intercellular cement in hoof horn relies on trace minerals that help bind the cells and strengthen the matrix. Zinc and copper are key minerals for this role: zinc acts as a cofactor for enzymes involved in keratinization and formation of cross-links in proteins, which keeps the horn tough; copper is needed for cross-linking collagen and elastin, reinforcing the extracellular matrix that binds cells together. Biotin is a vitamin important for horn quality but not a mineral in the cement, laminitis is a disease affecting the laminae, and the term itself isn't a mineral pair. So zinc and copper best fit the description.

9. Corkscrew claw is defined as

- A. A rotational deformity of one or both claws causing the axis to twist and load to be uneven, producing lameness**
- B. A bacterial infection of the hoof caused by bacteria
- C. A growth plate injury in calves
- D. A temporary swelling of the hoof tissue

Corkscrew claw is a rotational deformity of one or both claws, where the axis of the claw twists so the weight-bearing surface is misaligned. This abnormal twist leads to uneven loading of the hoof, causing pain and lameness. It's a non-infectious claw problem, not caused by bacteria, a growth plate injury, or a temporary swelling of hoof tissue. The defining feature is the visible rotation and the resulting uneven load that drives the lameness.

10. Hormone produced around calving that causes laxity of the collagen attachments of P3

A. Relaxin

B. Oxytocin

C. Estrogen

D. Progesterone

Relaxin mediates tissue remodeling and ligamentous laxity during late gestation. It is produced around calving and acts to soften collagen-rich attachments, including the ligaments that hold P3 in place. By increasing collagen turnover and reducing cross-linking, relaxin makes these connective tissues more pliable, which helps accommodate birth-related changes and can loosen the distal phalanx attachments. Other hormones like oxytocin drive uterine contractions, while estrogen and progesterone influence reproductive tract readiness and maintenance of pregnancy, but they do not specifically cause the laxity of P3 attachments seen around calving.

SAMPLE

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://musculononinfecclawdiseases.examzify.com>

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

SAMPLE