

NATA BOC Domain 2 Clinical Evaluation & Diagnosis Special Test Practice (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

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- 1. Orbital hematoma (black eye) is best described as which finding?**
 - A. Redness of the eye**
 - B. Severe eyelid swelling**
 - C. Bleeding under the conjunctiva**
 - D. Black eye**

- 2. Keloid is most closely associated with which condition?**
 - A. Chalazion**
 - B. Cauliflower ear**
 - C. Otitis media**
 - D. Conjunctivitis**

- 3. The test described as seated with the shoulder in neutral, elbow flexed to 90 degrees, and forearm supinated, with pain or clicking or snapping is which test?**
 - A. Speed's test**
 - B. Ludington's test**
 - C. Yergason's test**
 - D. Empty can test**

- 4. Which neural tension test is used to evaluate the radial nerve?**
 - A. Radial nerve tension test**
 - B. Median nerve tension test**
 - C. Ulnar nerve tension test**
 - D. Spurling's test**

- 5. Which test is used to evaluate labrum-specific evaluation?**
 - A. Apprehension test**
 - B. Biceps load test**
 - C. Jerk test**
 - D. Sulcus sign**

- 6. In Hip Adduction, what is the end feel and ROM?**
- A. SOFT 0-40 degrees**
 - B. HARD 0-30 degrees**
 - C. FIRM 0-30 degrees**
 - D. FIRM 0-60 degrees**
- 7. In Allen's test, the arm is positioned with the shoulder and elbow both at 90 degrees, and the head is turned away; which finding constitutes a positive result?**
- A. Shoulder 90° abduction and 90° elbow flexion; Turn head away; deep breath; radial pulse diminished**
 - B. Elbow 90° flexion; head toward; pulse stronger**
 - C. Seated. Shoulder 90° abduction and 90° elbow flexion. Turn head away, take a deep breath, and hold it. Check radial pulse. Positive is absent or diminished pulse**
 - D. Elbow extended; pulse unchanged**
- 8. Leukopenia is defined as what?**
- A. Increase in platelets**
 - B. Increase in WBC**
 - C. Decrease in RBC**
 - D. Abnormal decrease in the number of WBC**
- 9. The Finkelstein Test is used to diagnose which condition?**
- A. De Quervain's syndrome**
 - B. Carpal tunnel syndrome**
 - C. Ganglion cyst**
 - D. Trigger finger**
- 10. Which test is used to assess PCL injury according to the material?**
- A. Godfrey's Test**
 - B. Posterior Drawer Test**
 - C. Lachman's Test**
 - D. Anterior Drawer Test**

Answers

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

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Explanations

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1. Orbital hematoma (black eye) is best described as which finding?

- A. Redness of the eye**
- B. Severe eyelid swelling**
- C. Bleeding under the conjunctiva**
- D. Black eye**

Orbital hematoma shows up as bruising and discoloration around the eye after trauma, due to blood collecting in the soft tissues of the periorbital area. That visible bruise is what people commonly call a black eye, which is why this option best describes the finding. Redness of the eye would point to conjunctival injection rather than bruising. Severe eyelid swelling can occur but doesn't specifically describe the presence of blood under the tissue. Bleeding under the conjunctiva is a subconjunctival hemorrhage, which appears as a bright red patch on the white of the eye, not a bruise around the eye. So the best description is a black eye.

2. Keloid is most closely associated with which condition?

- A. Chalazion**
- B. Cauliflower ear**
- C. Otitis media**
- D. Conjunctivitis**

Keloid formation is an overgrowth of scar tissue that occurs after skin injury, due to an abnormal wound-healing response. The ear is a common site for this response because of its exposure to trauma and piercing, and because scar tissue can develop more readily in this region. When the external ear experiences blunt trauma, it can develop damage to the cartilage and surrounding tissue, leading to fibrous scar formation that can take on a thick, raised, and irregular appearance. This scar process in the ear closely aligns with what happens in cauliflower ear, where deformity results from traumatic injury and subsequent scar tissue remodeling of the auricle. Other choices—an eyelid gland blockage causing chalazion, middle-ear infection causing otitis media, or conjunctival inflammation causing conjunctivitis—do not involve this kind of ear-focused scar formation, so they're not the typical association with keloid.

3. The test described as seated with the shoulder in neutral, elbow flexed to 90 degrees, and forearm supinated, with pain or clicking or snapping is which test?
- A. Speed's test
 - B. Ludington's test
 - C. Yergason's test**
 - D. Empty can test

This test assesses the long head of the biceps tendon as it sits in the bicipital groove and checks its stability. With the patient seated, the shoulder is kept neutral and the elbow at 90 degrees while the forearm is in a supinated position. The examiner then resists the patient's attempt to supinate the forearm. If the biceps tendon is irritated or there is subluxation of the tendon from the groove, you'll reproduce pain in the bicipital groove and may feel or hear a click or snap as the tendon moves. That combination of reproduced groove pain and a snapping sensation matches this maneuver, making it Yergason's test. Other tests target different structures or use different motions (for example, resisted shoulder flexion for the biceps in another test, or a test that screens the supraspinatus), so they wouldn't fit this exact description.

4. Which neural tension test is used to evaluate the radial nerve?
- A. Radial nerve tension test**
 - B. Median nerve tension test
 - C. Ulnar nerve tension test
 - D. Spurling's test

Neural tension tests are used to stress a specific peripheral nerve along its course to see if symptoms are reproduced, which helps identify irritation or entrapment of that nerve. The radial nerve tension test is the one that biases the radial nerve specifically, stressing it from the neck down to the hand. When performed, it positions the limb to place traction on the radial nerve; if familiar symptoms or paresthesias in the radial nerve distribution flare up, this supports radial nerve involvement. The other tests target different nerves or regions: the median nerve tension test biases the median nerve, the ulnar nerve tension test biases the ulnar nerve, and Spurling's test assesses cervical nerve roots for radiculopathy rather than a peripheral nerve. Therefore, the radial nerve tension test is the best choice for evaluating the radial nerve.

5. Which test is used to evaluate labrum-specific evaluation?

- A. Apprehension test
- B. Biceps load test**
- C. Jerk test
- D. Sulcus sign

The test that targets the labrum specifically is the one that loads the biceps tendon where it anchors to the superior labrum. By placing the shoulder in a position that recruits the superior labrum and then loading the biceps (elbow flexed and resisted while the shoulder is abducted), pain or a click reproduced at the labral site suggests a SLAP lesion. This makes it the most direct method to assess labrum pathology tied to the biceps-labral complex. The other maneuvers primarily assess instability or different aspects of the shoulder (anterior instability, posterior-inferior lesions, or inferior laxity) rather than specifically stressing the labrum via the biceps anchor.

6. In Hip Adduction, what is the end feel and ROM?

- A. SOFT 0-40 degrees
- B. HARD 0-30 degrees
- C. FIRM 0-30 degrees**
- D. FIRM 0-60 degrees

When testing hip adduction, the thigh moves toward the midline and the hip adductor muscles, along with the joint capsule and surrounding soft tissues, provide the resistance at the end of the range. That resistance feels firm rather than soft or hard, reflecting a muscular-tissue stretch rather than soft tissue compression or bone-on-bone contact. The normal range from a neutral position is about 0 to 30 degrees. So the end feel is firm and the ROM is 0 to 30 degrees.

7. In Allen's test, the arm is positioned with the shoulder and elbow both at 90 degrees, and the head is turned away; which finding constitutes a positive result?

- A. Shoulder 90° abduction and 90° elbow flexion; Turn head away; deep breath; radial pulse diminished
- B. Elbow 90° flexion; head toward; pulse stronger
- C. Seated. Shoulder 90° abduction and 90° elbow flexion. Turn head away, take a deep breath, and hold it. Check radial pulse. Positive is absent or diminished pulse**
- D. Elbow extended; pulse unchanged

Allen's test checks whether the hand has adequate collateral blood flow through the palmar arches when one arterial path is occluded. In this setup, the positive result is when, after exposing the hand to the maneuver and releasing the tested artery, the radial pulse is absent or markedly diminished. That lack of pulse indicates insufficient collateral circulation to the hand, suggesting a potential vascular compromise. If the pulse returns normally, the collateral supply is adequate, and the test is considered negative.

8. Leukopenia is defined as what?

- A. Increase in platelets
- B. Increase in WBC
- C. Decrease in RBC
- D. Abnormal decrease in the number of WBC**

Leukopenia is an abnormal decrease in the number of white blood cells. White blood cells are the immune system's frontline defenders, so when their count falls below the normal range (roughly 4,000-11,000 cells per microliter), infection risk increases. This condition is the opposite of leukocytosis, which is an increase in white blood cells. The other options describe an increase in platelets, an increased white blood cell count, or a decrease in red blood cells, none of which define leukopenia.

9. The Finkelstein Test is used to diagnose which condition?

- A. De Quervain's syndrome**
- B. Carpal tunnel syndrome
- C. Ganglion cyst
- D. Trigger finger

The Finkelstein test directly targets the first dorsal compartment of the wrist, where the abductor pollicis longus and extensor pollicis brevis tendons glide. Inflammation of the tendon sheath here causes pain with thumb movement. During the test, the patient tucks the thumb into a fist and the wrist is gently moved into ulnar deviation. If this maneuver reproduces sharp pain over the radial side of the wrist near the base of the thumb, it indicates stenosing tenosynovitis of the first dorsal compartment, i.e., De Quervain's tenosynovitis. This is why the test is the best choice: it specifically assesses the tendinous sheath involved in this condition. Other wrist problems don't produce the same painful reaction with this particular maneuver—for example, carpal tunnel syndrome presents with median-nerve symptoms and is evaluated with other tests; a ganglion cyst presents as a palpable mass; trigger finger involves catching or locking of a finger due to pulley thickening rather than the first dorsal compartment tendons.

10. Which test is used to assess PCL injury according to the material?

- A. Godfrey's Test**
- B. Posterior Drawer Test
- C. Lachman's Test
- D. Anterior Drawer Test

PCL injuries are best detected by a sign that shows the tibia sagging backward when the knee is flexed, revealing posterior instability. Godfrey's test does exactly that: with the patient lying on their back and both knees bent to about 90 degrees, gravity pulls the tibia posteriorly. If one tibia sags relative to the other, that posterior sag sign indicates PCL insufficiency. This gravity-assisted, labeling-free observation makes it a straightforward and reliable bedside indicator of a PCL tear, which is why it's identified as the test for assessing PCL injury in the material. The other tests either assess different ligaments (for example, Lachman and Anterior Drawer focus on ACL) or examine posterior laxity in a different way (posterior drawer), but the visual posterior sag at 90 degrees flexion is the classic sign specific to PCL injury here.

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://natabocdom2clinevaldiagnosisisspecial.examzify.com>

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

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