

# NATA BOC DOMAIN 2 CLINICAL EVALUATION & DIAGNOSIS SPECIAL TEST PRACTICE (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. The thoracic outlet syndrome assessment commonly includes which combination of tests?**
  - A. Adson's test
  - B. Allen's test
  - C. Military Brace test
  - D. Adson's, Allen's, and Military Brace tests
- 2. The Empty Can and Full Can tests primarily assess which muscle?**
  - A. Supraspinatus
  - B. Infraspinatus
  - C. Subscapularis
  - D. Teres Minor
- 3. What constitutes a positive Apprehension test?**
  - A. Pain or apprehension by patient
  - B. Clunk
  - C. Increased sulcus
  - D. No pain
- 4. The 1st Metatarsal Rise Sign tests the integrity of which tendon?**
  - A. Peroneus longus
  - B. Extensor hallucis longus
  - C. Flexor digitorum longus
  - D. Tibialis posterior
- 5. What constitutes a positive SAG (Godfrey's) test?**
  - A. Displacement of the tibial tuberosities greater on the involved leg when both hips and knees are flexed to 90 degrees.
  - B. Displacement greater on the non-involved leg.
  - C. End-feel changes during knee extension.
  - D. Pain with hip rotation.

- 6. Which term means blood in vomit?**
- A. Hyperbilirubinemia
  - B. Icterus
  - C. Hematemesis
  - D. Ileostomy
- 7. Which term describes tissue cells that vary in size and shape, often with large nuclei and an increased rate of mitosis, and may arise from chronic irritation or infection?**
- A. Dysplasia
  - B. Anaplasia
  - C. Neoplasia
  - D. Hyperplasia
- 8. Anterior-lateral drawer test corresponds to injury to which structure according to the source?**
- A. PCL
  - B. ACL
  - C. MCL
  - D. LCL
- 9. Ely's Test assesses tightness of which muscle?**
- A. Rectus Femoris
  - B. Iliopsoas
  - C. Hamstrings
  - D. Quadriceps
- 10. Which statement best describes the major action of leukotrienes?**
- A. Stimulation of platelet aggregation
  - B. Decrease chemotaxis
  - C. Vasodilation & capillary permeability, chemotaxis, prolong inflammation due to later effects
  - D. Inhibition of vascular permeability

## **Answers**

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

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## **Explanations**

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## 1. The thoracic outlet syndrome assessment commonly includes which combination of tests?

- A. Adson's test
- B. Allen's test
- C. Military Brace test

### D. Adson's, Allen's, and Military Brace tests

Assessing thoracic outlet syndrome relies on provocative maneuvers that reproduce symptoms and check for changes in the radial pulse, since compression can occur at multiple spots along the outlet. Adson's test places the neck and shoulder in a position that narrows the space between the scalene muscles, so if the subclavian artery and brachial plexus are compressed there, you'll often see a diminished pulse or reproduction of symptoms when the patient takes a deep breath and holds it with the head turned toward the tested side. Allen's test shifts focus to the costoclavicular region by positioning the arm in a way that narrows that space; a reduced pulse or symptoms in this position suggests vascular compression in the costoclavicular area. The Military Brace test stresses the same costoclavicular outlet—typically with shoulders drawn back and down and the arm in a position that further narrows that space, often with a deep breath—so it can reveal compression not seen with the scalene-focused maneuver. Using all three maneuvers together covers the main potential sites of compression and increases the likelihood of reproducing signs, making the combination a common, comprehensive approach to thoracic outlet syndrome assessment.

## 2. The Empty Can and Full Can tests primarily assess which muscle?

### A. Supraspinatus

- B. Infraspinatus
- C. Subscapularis
- D. Teres Minor

The main idea these tests probe is the health of the supraspinatus tendon within the rotator cuff. The supraspinatus is the muscle that initiates arm abduction and helps stabilize the humeral head under the acromion, making it the primary structure stressed during these maneuvers. In the empty can position, the arm is raised to about 90 degrees in the scapular plane with the thumb pointed downward (internal rotation). The examiner provides downward resistance. If this elicits pain or weakness, it suggests supraspinatus tendinopathy or a tear, because this orientation places the tendon directly under the subacromial space where impingement or degeneration commonly occurs. In the full can position, the same elevation is used but with external rotation (thumb up), which reduces impingement and better isolates the supraspinatus. A positive result here reinforces supraspinatus involvement, since the test is designed to stress that tendon while minimizing contributions from other rotator cuff muscles. These tests are not primarily used to assess the infraspinatus, subscapularis, or teres minor, which are better evaluated with tests that specifically load those muscles (for example, resisted external rotation for infraspinatus and teres minor, or bear hug/liked tests for subscapularis).

### 3. What constitutes a positive Apprehension test?

A. Pain or apprehension by patient

B. Clunk

C. Increased sulcus

D. No pain

A positive Apprehension test signals anterior shoulder instability. When the arm is placed in 90 degrees of abduction with external rotation, a positive response occurs if the patient shows apprehension or fear that the shoulder will dislocate, often with a facial grimace or guarding. Pain can accompany this reaction, reinforcing the sense of instability. This reaction reflects the patient's perception of instability rather than a mechanical click or a laxity sign. A clunk would point more toward a labral issue revealed during a different maneuver, increased sulcus sign indicates inferior laxity, and having no pain would not meet the criterion for a positive Apprehension test.

### 4. The 1st Metatarsal Rise Sign tests the integrity of which tendon?

A. Peroneus longus

B. Extensor hallucis longus

C. Flexor digitorum longus

D. Tibialis posterior

The first metatarsal rise sign assesses the function of the tibialis posterior tendon. This tendon is the main dynamic stabilizer of the medial arch, helping to invert the foot and maintain the alignment of the hindfoot and the first ray during stance and push-off. When tibialis posterior is functioning properly, it helps keep the first metatarsal from rising as the foot plantarflexes or when rising onto the toes. If the tendon is injured or incompetent, the first metatarsal is more likely to rise due to unopposed forces acting on the first ray, producing a positive sign. Other tendons like peroneus longus, flexor digitorum longus, or extensor hallucis longus don't play the primary stabilizing role for the medial arch and first ray in this test, so the sign specifically points to tibialis posterior integrity.

### 5. What constitutes a positive SAG (Godfrey's) test?

A. Displacement of the tibial tuberosities greater on the involved leg when both hips and knees are flexed to 90 degrees.

B. Displacement greater on the non-involved leg.

C. End-feel changes during knee extension.

D. Pain with hip rotation.

The sign detects posterior sag of the tibia, which points to a posterior cruciate ligament (PCL) injury. With the patient lying on the back and both hips and knees flexed to 90 degrees, gravity can pull the tibia backward if the PCL is compromised. A positive Godfrey's test is when the tibial tuberosities are not level, with the tibia on the involved leg sagging posteriorly (the tuberosity sits lower) compared with the opposite leg. This posterior translation reflects loss of PCL restraint. The other ideas don't fit: displacement on the non-involved leg would not indicate a PCL tear, end-feel changes during knee extension aren't what this test measures, and pain with hip rotation points to a hip issue rather than a knee PCL sign.

**6. Which term means blood in vomit?**

- A. Hyperbilirubinemia
- B. Icterus
- C. Hematemesis
- D. Ileostomy

*Blood in vomit is called hematemesis. This term comes from hemato- meaning blood and -emesis meaning vomiting, so it literally describes vomiting blood and points to an upper GI source of bleeding that needs prompt evaluation. The other terms don't fit: hyperbilirubinemia refers to high bilirubin levels causing jaundice, icterus is the yellowing seen with jaundice, and ileostomy is a surgical opening from the ileum for stool passage.*

**7. Which term describes tissue cells that vary in size and shape, often with large nuclei and an increased rate of mitosis, and may arise from chronic irritation or infection?**

- A. Dysplasia
- B. Anaplasia
- C. Neoplasia
- D. Hyperplasia

*Dysplasia is the tissue change characterized by cells that vary in size and shape (pleomorphism), often with enlarged, abnormal-looking nuclei and an increased rate of cell division. This pattern reflects abnormal maturation of cells and is commonly seen in epithelium subjected to chronic irritation or infection, where ongoing stimuli drive disordered growth. Importantly, dysplasia is a premalignant state: removing the irritant can reverse it, but persistence can lead toward neoplasia. Anaplasia, by contrast, involves loss of differentiation with chaotic, malpatterned cells and marked malignant features. Neoplasia refers to a new, abnormal growth that can be benign or malignant. Hyperplasia is an increase in cell number with cells that generally retain normal appearance.*

**8. Anterior-lateral drawer test corresponds to injury to which structure according to the source?**

- A. PCL
- B. ACL
- C. MCL
- D. LCL

*Drawer tests assess ligament stability by moving the tibia in relation to the femur. The anterior-lateral drawer maneuver is described as stressing the posterior structures of the knee, specifically increasing the load on the posterior cruciate ligament. A positive finding with this combined anterior and lateral translation points to a PCL injury, since the PCL is the primary restraint to posterior tibial movement and to posterior instability of the knee. This is distinct from the patterns you'd expect with injuries to the ACL, MCL, or LCL, which are identified with other specific drawer or stress tests.*

## 9. Ely's Test assesses tightness of which muscle?

**A. Rectus Femoris**

B. Iliopsoas

C. Hamstrings

D. Quadriceps

*Rectus femoris tightness is what Ely's test reveals. This muscle crosses both the hip and knee, so when you flex the knee in a prone position, a tight rectus femoris shortens and pulls the hip into flexion, causing the thigh or pelvis to rise off the table. A positive sign—hip flexion accompanying knee flexion—indicates limited length of the rectus femoris. This pattern is specific to rectus femoris, whereas hamstrings or iliopsoas tightness would produce different test findings, and while the quadriceps as a group includes rectus femoris, the test targets the rectus femoris specifically.*

## 10. Which statement best describes the major action of leukotrienes?

A. Stimulation of platelet aggregation

B. Decrease chemotaxis

**C. Vasodilation & capillary permeability, chemotaxis, prolong inflammation due to later effects**

D. Inhibition of vascular permeability

*Leukotrienes are inflammatory mediators produced from arachidonic acid that amplify the immune response. Their hallmark actions are increasing vascular permeability and promoting chemotaxis, which together sustain and intensify inflammation. The chemotactic effect is especially driven by LTB<sub>4</sub>, drawing neutrophils to the site, while LTC<sub>4</sub> and LTD<sub>4</sub> increase the permeability of vessels, contributing to swelling and edema. These effects help explain why leukotrienes are linked to prolonged inflammation and to bronchoconstriction seen in allergic and asthmatic responses. This makes the statement that best describes their major action the one that includes increasing capillary permeability, chemotaxis, and the prolongation of inflammation over time. The other options misstate their roles: they do not primarily stimulate platelet aggregation, they do not decrease chemotaxis, and they do not inhibit vascular permeability.*

## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

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

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