

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS (NBCE) 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. Which of these treatments is contraindicated for a patient with advanced peripheral vascular disease?**
 - A. Heat therapy
 - B. Ultrasound therapy
 - C. Electrical stimulation
 - D. Massage therapy
- 2. Which organism is responsible for food poisoning by releasing toxins before consumption?**
 - A. Salmonella
 - B. Clostridium perfringens
 - C. Staphylococcus aureus
 - D. Escherichia coli
- 3. What type of joint is characterized by a fluid-filled cavity allowing for a wide range of motion?**
 - A. Fibrous joint
 - B. Cartilaginous joint
 - C. Synovial joint
 - D. Ligamentous joint
- 4. An avulsion at the origin of the rectus femoris muscle results in a downward displacement of a fragment of bone from the _____.**
 - A. Anterior inferior iliac spine
 - B. Pubic symphysis
 - C. Greater trochanter
 - D. Lesser trochanter
- 5. Bence Jones proteinuria is most characteristic of which condition?**
 - A. Waldenström's macroglobulinemia
 - B. Multiple myeloma
 - C. Chronic lymphocytic leukemia
 - D. Amyloidosis

- 6. The McMurray test evaluates for structural damage to the medial meniscus by combining which two knee movements?**
- A. Extension and internal rotation
 - B. External rotation and extension
 - C. Flexion and external rotation
 - D. Extension and abduction
- 7. A patient presents with persistent pain and tenderness in the wrist after a fall. What condition should be suspected?**
- A. Distal radius fracture
 - B. Scaphoid fracture
 - C. Wrist sprain
 - D. Ligament tear
- 8. Which response occurs when baroreceptors detect an increase in blood pressure and causes a reflex slowing of heart rate?**
- A. Viscerosomatic
 - B. Viscerovisceral
 - C. Somatovisceral
 - D. Somatosomatic
- 9. Foot drop, slowly progressive distal muscle atrophy, and high pedal arches are characteristics of which condition?**
- A. Multiple sclerosis
 - B. Charcot-Marie-Tooth disease
 - C. Parkinson's disease
 - D. Huntington's disease
- 10. Which of these is most characteristic of a pyramidal tract lesion?**
- A. Loss of proprioception
 - B. Appearance of pathological reflexes
 - C. Muscle cramps
 - D. Atrophy of muscles

Answers

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

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Explanations

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1. Which of these treatments is contraindicated for a patient with advanced peripheral vascular disease?

- A. Heat therapy**
- B. Ultrasound therapy
- C. Electrical stimulation
- D. Massage therapy

Heat therapy is contraindicated for a patient with advanced peripheral vascular disease because it can exacerbate existing circulatory problems. This condition is characterized by reduced blood flow to the extremities, and applying heat may dilate blood vessels, potentially leading to further complications such as increased tissue damage or exacerbating ischemia in areas already deprived of adequate blood supply. In contrast, treatments like ultrasound therapy, electrical stimulation, and massage therapy may still be performed with caution and careful assessment, depending on the patient's specific health status and risk factors. These therapies can often be adjusted to improve circulation and relieve symptoms without the added risks associated with heat therapy in patients suffering from significant vascular compromise. Always, a thorough evaluation of the individual patient's condition is crucial when determining the appropriateness of any treatment modality.

2. Which organism is responsible for food poisoning by releasing toxins before consumption?

- A. Salmonella
- B. Clostridium perfringens
- C. Staphylococcus aureus**
- D. Escherichia coli

Staphylococcus aureus is recognized for causing food poisoning primarily through the release of toxins. These toxins can be produced in food prior to consumption and can lead to rapid onset of gastrointestinal symptoms after ingestion. This organism is commonly associated with foods that are handled by people, where it can thrive and produce enterotoxins in environments that have improper food handling or storage. The toxins can remain in food even after cooking, which is why the presence of Staphylococcus aureus can pose such a significant risk in food safety. Symptoms of Staphylococcal food poisoning typically manifest quickly, often within hours, due to the preformed nature of the toxins, which makes it distinct from other foodborne illnesses that may require the organism itself to multiply in the digestive system. While other organisms, such as Salmonella and Escherichia coli, can cause foodborne illnesses, they typically do so through the consumption of contaminated food where the bacteria infect the host after ingestion, rather than through the action of preformed toxins. Clostridium perfringens can cause foodborne illness as well, but it often does so through the proliferation of spores after the food is improperly cooked and held at unsafe temperatures, rather than through the immediate effects of toxins produced

3. What type of joint is characterized by a fluid-filled cavity allowing for a wide range of motion?

- A. Fibrous joint
- B. Cartilaginous joint
- C. Synovial joint**
- D. Ligamentous joint

The type of joint characterized by a fluid-filled cavity allowing for a wide range of motion is a synovial joint. These joints are unique because they contain a synovial fluid-filled space known as the synovial cavity. This fluid acts as a lubricant, reducing friction between the articulating bones, which allows for smooth and extensive movements. Synovial joints are the most mobile type of joint in the body, supporting actions like bending, rotating, and gliding. Examples of synovial joints include the knee, elbow, shoulder, and hip. In contrast, fibrous joints are connected by dense connective tissue and do not have a synovial cavity, resulting in limited or no movement. Cartilaginous joints are connected by cartilage and also generally allow less movement compared to synovial joints. Ligamentous joints typically refer to the connections reinforced by ligaments but do not describe a specific joint type that features a fluid-filled cavity. Thus, the unique structure and function of synovial joints highlight their ability to facilitate a wide range of motion.

4. An avulsion at the origin of the rectus femoris muscle results in a downward displacement of a fragment of bone from the _____.

- A. Anterior inferior iliac spine**
- B. Pubic symphysis
- C. Greater trochanter
- D. Lesser trochanter

An avulsion at the origin of the rectus femoris muscle occurs where the muscle attaches to the anterior inferior iliac spine (AIIS) of the pelvis. When this muscle is subjected to excessive force, often during activities that involve rapid acceleration or kicking, a fragment of bone can be pulled away from the AIIS due to the strong contraction of the muscle. The rectus femoris is one of the quadriceps muscles and is unique because it crosses both the hip and knee joints. Its primary role is in hip flexion and knee extension. When a forceful contraction happens, the avulsion typically leads to a downward displacement of the bone fragment from the AIIS, which is consistent with the mechanics involved in such injuries. The other structures listed, such as the pubic symphysis, greater trochanter, and lesser trochanter, do not serve as attachment points for the rectus femoris muscle. Therefore, they would not be relevant in the context of an avulsion injury involving this particular muscle. Thus, identifying the correct origin of the rectus femoris is key to understanding the nature of the injury and the mechanics underlying it.

5. Bence Jones proteinuria is most characteristic of which condition?

- A. Waldenström's macroglobulinemia
- B. Multiple myeloma**
- C. Chronic lymphocytic leukemia
- D. Amyloidosis

Bence Jones proteinuria is a condition characterized by the presence of free light chains of immunoglobulins in the urine, which are associated with plasma cell disorders. This particular protein is most commonly associated with multiple myeloma – a type of cancer that arises from the abnormal proliferation of plasma cells in the bone marrow, leading to the overproduction of monoclonal immunoglobulin or its components (light chains). In multiple myeloma, these light chains can spill into the urine, where they are excreted, leading to Bence Jones proteinuria. The detection of these proteins is a significant diagnostic marker for the disease and is helpful in both the diagnosis and management of multiple myeloma. While the other conditions listed can involve immunoglobulin abnormalities, they do not typically present with Bence Jones proteinuria. For example, Waldenström's macroglobulinemia involves the production of large amounts of IgM, but it does not lead to the significant light chain proteinuria observed in multiple myeloma. Chronic lymphocytic leukemia (CLL) is characterized by a lymphoproliferative disorder with different immunological features and does not usually produce Bence Jones proteinuria. Similarly, amyloidosis involves a

6. The McMurray test evaluates for structural damage to the medial meniscus by combining which two knee movements?

- A. Extension and internal rotation
- B. External rotation and extension**
- C. Flexion and external rotation
- D. Extension and abduction

The McMurray test is specifically designed to assess the integrity of the menisci in the knee joint, with a particular emphasis on detecting damage to the medial meniscus. This test involves two key movements: external rotation of the tibia and extension of the knee. When the knee is brought into extension while the tibia is externally rotated, the movement places stress on the medial meniscus. If there is a tear or damage to this structure, the patients will typically experience pain or a "clicking" sensation, which indicates that the test is positive. By combining extension and external rotation, the McMurray test effectively isolates the medial meniscus and allows the clinician to evaluate its condition accurately. Understanding this test is vital for diagnosing knee-related issues and guiding appropriate treatment strategies.

7. A patient presents with persistent pain and tenderness in the wrist after a fall. What condition should be suspected?

- A. Distal radius fracture
- B. Scaphoid fracture**
- C. Wrist sprain
- D. Ligament tear

In the case of a patient experiencing persistent pain and tenderness in the wrist following a fall, a scaphoid fracture should be suspected, especially since the scaphoid is one of the most frequently fractured carpal bones due to its anatomical location. When a person falls onto an outstretched hand, the impact can particularly stress the scaphoid, leading to a fracture. The pain from a scaphoid fracture often does not manifest immediately and can be subtle, typically localized in the anatomical snuffbox or along the radial side of the wrist. Due to the scaphoid's precarious blood supply, if the fracture is not diagnosed and treated promptly, it can lead to complications such as avascular necrosis. While a distal radius fracture is also common in falls and could cause similar symptoms, it typically presents with more obvious deformity or swelling at the distal forearm. A wrist sprain could also cause pain and tenderness, but it generally lacks the specific localization of pain seen with a scaphoid fracture. Similarly, a ligament tear may lead to wrist instability and could cause pain, but it would usually present with different symptoms, such as joint instability or a specific mechanism of injury that indicates tearing of soft tissue rather than a bone fracture

8. Which response occurs when baroreceptors detect an increase in blood pressure and causes a reflex slowing of heart rate?

- A. Viscerosomatic
- B. Viscerovisceral**
- C. Somatovisceral
- D. Somatosomatic

When baroreceptors detect an increase in blood pressure, the body's response involves the activation of a reflex pathway that leads to the modulation of heart rate through the autonomic nervous system. This reflex response involves communication between visceral organs—the baroreceptors, which are specialized sensory receptors located in the walls of blood vessels, send signals to the central nervous system. This signal then prompts a reflexive response that can decrease heart rate, which is a visceral response initiated by a change detected in another visceral system. The term "viscerovisceral" specifically refers to the interaction and responses between different visceral structures or organs in the body. In this case, the baroreceptors (which sense blood pressure—visceral input) lead to a change in heart rate (another visceral output) reflecting a coordinated response between these internal organ systems. The other options describe different types of interactions that do not align with this specific reflex involving changes in blood pressure and heart rate. Thus, viscerovisceral is the accurate description of this physiological process when the increase in blood pressure translates to a reflex slowing of heart rate.

9. Foot drop, slowly progressive distal muscle atrophy, and high pedal arches are characteristics of which condition?

- A. Multiple sclerosis
- B. Charcot-Marie-Tooth disease**
- C. Parkinson's disease
- D. Huntington's disease

The condition characterized by foot drop, slowly progressive distal muscle atrophy, and high pedal arches is primarily associated with Charcot-Marie-Tooth disease. This disorder is a hereditary neurological condition that affects the peripheral nerves, leading to muscle weakness and atrophy. Foot drop occurs due to weakness of the muscles that lift the foot, making it difficult to walk without dragging the foot. The progressive nature of the distal muscle atrophy is indicative of the degeneration of motor neurons or muscle fibers, which is a hallmark of Charcot-Marie-Tooth disease. Additionally, the presence of high pedal arches, or pes cavus, is commonly observed in this condition, resulting from imbalances in muscle strength affecting the foot's structure. In contrast, the other conditions mentioned, such as multiple sclerosis, Parkinson's disease, and Huntington's disease, feature different sets of symptoms and pathophysiological processes, which do not typically present with the specific combination of symptoms noted in the question. Hence, Charcot-Marie-Tooth disease is the most fitting answer based on the described clinical features.

10. Which of these is most characteristic of a pyramidal tract lesion?

- A. Loss of proprioception
- B. Appearance of pathological reflexes**
- C. Muscle cramps
- D. Atrophy of muscles

A pyramidal tract lesion primarily affects the corticospinal pathways, which are responsible for voluntary motor control. One of the hallmark features of such lesions is the appearance of pathological reflexes, such as the Babinski sign, which indicates that the upper motor neurons are not functioning properly due to disruption in the normal descending pathways. Pathological reflexes occur as a result of the loss of inhibitory control that the brain exerts on the reflex arcs in the spinal cord. When the pyramidal tract is compromised, this balance is disrupted, leading to exaggerated or abnormal reflex responses that are not typically present in healthy individuals. In contrast, while muscle cramps and atrophy of muscles can occur as a consequence of prolonged lesions or neurological disorders, they are not specifically indicative of pyramidal tract damage. Loss of proprioception is more associated with sensory pathway lesions rather than the motor pathways affected by pyramidal tract lesions. Hence, the evidence of pathological reflexes is the most characteristic sign of a pyramidal tract lesion.

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:

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

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