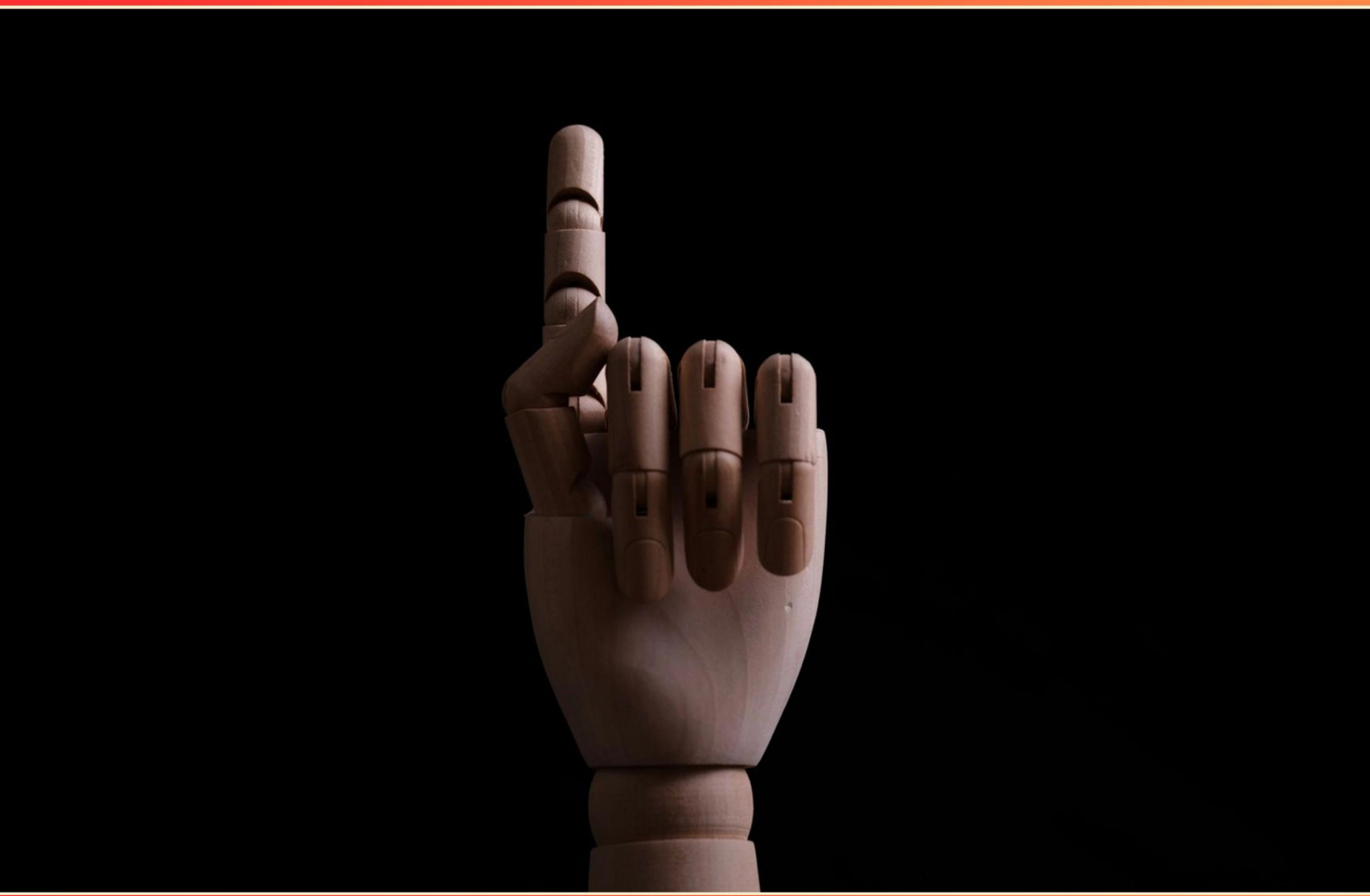
NBCOT UPPER EXTREMITY PRACTICE TEST (SAMPLE)

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

1. Protective sensory reeducation is used because the client is at risk for injuring the insensate hand.

A. True

B. False

C. Only after nerve regeneration signs

D. Only for heat injuries

2. Which splint is commonly used to address radial nerve palsy by positioning the wrist in extension while allowing finger movement?

A. Thumb spica splint

B. Ulnar gutter splint

C. Cock-up splint

D. Resting hand splint

3. Which two tests are commonly used to screen for carpal tunnel syndrome?

A. Phalen's test and Tinel's sign

B. Finkelstein test and Phalen's test

C. Phalen's test and Froment's sign

D. Tinel's sign and Finkelstein test

4. A positive Roos test indicates involvement of which syndrome?

A. Thoracic outlet syndrome

B. Cubital tunnel syndrome

C. Pronator syndrome

D. Median nerve compression at carpal tunnel

5. What is the PRIMARY functional focus of OT intervention for bilateral adhesive capsulitis when ROM is near functional but painful?

A. ADL modifications

B. Electrotherapeutic modalities followed by stretching

C. Rest, ice, elevation, and compression

D. Intra-articular corticosteroid injections

6. Which statement best demonstrates functional progress after hand therapy by enabling grooming tasks without pain?

A. Brush teeth without pain

B. Doff shirt without pain

C. Grooming tasks completed without pain

D. Lift 10 pounds

7. In clients with arthritis, which aspect of the overall occupational therapy intervention plan is the MOST crucial?

A. Self-efficacy

B. Splinting

C. Compliance with the independent home exercise program

D. Instruction in compensatory strategies for ADL management

8. After distal radius fracture, which symptom may indicate CRPS?

A. Prolonged swelling with disproportionate pain

B. Quick healing

C. Normal ROM

D. Absence of pain

9. Which flexor tendon repair protocol would represent best practice standards for a Zone 2 flexor digitorum superficialis laceration in a 10-year-old?

A. Active mobilization approach

B. Immobilization approach

C. Passive mobilization approach

D. Controlled early active mobilization approach

10. A COTA in an outpatient clinic is working with a client with bilateral primary adhesive capsulitis. The OTR's assessment revealed interrupted sleep patterns and decreased ability to perform ADLs because of pain. ROM is close to functional but painful throughout the arc. What is the PRIMARY functional focus of occupational therapy intervention?

A. ADL modifications and adaptive equipment education for grooming, bathing, and dressing

B. Electrotherapeutic modalities followed by stretching exercises to facilitate increased ROM

C. Rest, ice, elevation, and compression (RICE) to facilitate functional return

D. Intra-articular corticosteroid injections to allow for better tolerance to stretch

Answers

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

Explanations

1. Protective sensory reeducation is used because the client is at risk for injuring the insensate hand.

A. True

B. False

C. Only after nerve regeneration signs

D. Only for heat injuries

Protective sensory reeducation is used when a hand has lost protective sensation, putting it at risk for injury without the person noticing. The goal is to help the client recognize potentially dangerous stimuli and respond appropriately as sensation slowly returns, or to rely on compensatory cues like vision to protect the tissue. This approach acknowledges that the insensate hand can be injured easily if danger isn't detected, so training focuses on preventing tissue damage rather than restoring normal sensation immediately. The method involves graded sensory input that the client can reliably detect, with feedback to help discriminate between safe and risky stimuli. Tasks start simple and gradually become more challenging as perception changes, reinforcing correct responses and encouraging safe handling strategies. Alongside sensory work, counseling on safety habits—regularly inspecting the hand, avoiding hot liquids, using protective gloves or tools—helps reduce injury risk. This technique is applicable whenever protective sensation is compromised, not only after heat injuries or only after signs of nerve regeneration.

2. Which splint is commonly used to address radial nerve palsy by positioning the wrist in extension while allowing finger movement?

A. Thumb spica splint

B. Ulnar gutter splint

C. Cock-up splint

D. Resting hand splint

Radial nerve palsy causes wrist drop, so the goal is to support the wrist in a position that still allows finger movement and functional grip. A cock-up splint achieves this by holding the wrist in slight extension while keeping the fingers free to move. This extended-wrist position optimizes the length-tension relationships of the hand muscles, enabling use of the intact finger flexors and thumb for grasp and pinch despite weakness in finger extension. It provides stability at the wrist without immobilizing the fingers, which is ideal for restoring functional activity after radial nerve injury. Other splints either immobilize the thumb (thumb spica), immobilize the ulnar digits (ulnar gutter), or keep the hand in a more neutral resting position (resting hand splint) and don't specifically address extending the wrist to facilitate finger movement, making them less suitable for radial nerve palsy.

3. Which two tests are commonly used to screen for carpal tunnel syndrome?

A. Phalen's test and Tinel's sign

B. Finkelstein test and Phalen's test

C. Phalen's test and Froment's sign

D. Tinel's sign and Finkelstein test

Screening for carpal tunnel relies on provocative tests that reproduce symptoms in the median nerve distribution. Phalen's test is performed by having the patient hold the wrists in full flexion to compress the carpal tunnel; if numbness or tingling develops in the thumb, index, or middle finger, it supports median nerve compression. Tinel's sign involves tapping over the carpal tunnel; elicited tingling in the same median nerve areas indicates irritation consistent with carpal tunnel syndrome. Using both tests together is common because they are quick, noninvasive, and directly assess median nerve involvement in the carpal tunnel. The other options target different conditions—Finkelstein test checks for De Quervain's tenosynovitis, and Froment's sign assesses ulnar nerve palsy affecting the thumb—so they're not standard screening tests for carpal tunnel.

4. A positive Roos test indicates involvement of which syndrome?

A. Thoracic outlet syndrome

B. Cubital tunnel syndrome

C. Pronator syndrome

D. Median nerve compression at carpal tunnel

The Roos test is used to provoke symptoms by placing the arms in a position that narrow the thoracic outlet, where the neurovascular bundle passes between the clavicle, first rib, and surrounding muscles. A positive result—reproduction of numbness, tingling, fatigue, or even changes in color or strength in the arm—points to thoracic outlet syndrome, indicating compression in that space. This distinguishes it from other entrapments: cubital tunnel syndrome involves the elbow ulnar nerve, pronator syndrome affects the median nerve near the pronator teres, and carpal tunnel syndrome involves the median nerve at the wrist. Because the test specifically stresses the thoracic outlet region, it best indicates thoracic outlet syndrome.

5. What is the PRIMARY functional focus of OT intervention for bilateral adhesive capsulitis when ROM is near functional but painful?

A. ADL modifications

B. Electrotherapeutic modalities followed by stretching

C. Rest, ice, elevation, and compression

D. Intra-articular corticosteroid injections

When range of motion is nearly adequate for daily tasks but pain limits performance, the primary focus of OT intervention is enabling independence through ADL Modifications and adaptive strategies. The idea is to reduce the functional impact of pain by altering how tasks are performed and by using assistive devices, ergonomic changes, and pacing to protect the joints and conserve energy. In bilateral adhesive capsulitis, this means teaching and implementing dressing, grooming, cooking, and other activities in ways that minimize overhead reaching, painful shoulder motions, and rapid or forceful movements, while staying within a comfortable range of motion. Using built-up utensils, front-opening clothing, long-handled gear, reachers, and positioning strategies helps the patient complete tasks with less pain and greater autonomy, which is the chief goal when ROM is functionally sufficient but pain is the limiting factor. Modalities, targeted stretching, and injections address other aspects (pain relief, inflammation, or ROM gain) and are typically considered secondary to maintaining functional independence in OT practice. Rest, ice, elevation, and compression presume an inflammatory or acute phase focus, which isn't the daily functional objective when the goal is to perform ADLs with minimal pain.

6. Which statement best demonstrates functional progress after hand therapy by enabling grooming tasks without pain?

A. Brush teeth without pain

B. Doff shirt without pain

C. Grooming tasks completed without pain

D. Lift 10 pounds

Functional progress after hand therapy is shown by regaining the ability to perform daily activities without pain. Grooming tasks require coordinated use of the hand and wrist, precise grip, and smooth motion across multiple joints. When a patient can complete grooming activities without pain, it signals that pain has been reduced and functional use of the hand has improved enough to support independent self-care. Grooming tasks completed without pain best reflects this broad, meaningful outcome. The other examples are narrower or focus on dressing or strength rather than the overall ability to perform grooming without pain.

7. In clients with arthritis, which aspect of the overall occupational therapy intervention plan is the MOST crucial?

A. Self-efficacy

B. Splinting

C. Compliance with the independent home exercise program

D. Instruction in compensatory strategies for ADL management

Self-efficacy—the client's belief in their ability to manage tasks and control symptoms—is the key driver of successful outcomes in arthritis OT. When a person feels confident they can perform the necessary exercises, use prescribed splints, and apply strategies to daily activities, they are more likely to engage consistently, persist through pain or fatigue, and adapt as needed. This belief influences adherence to a home exercise program, willingness to wear a splint, and adoption of compensatory techniques for ADLs. Without sufficient self-efficacy, even well-designed interventions may be underutilized, limiting functional gains. Therefore, fostering and sustaining self-efficacy through achievable progress, positive reinforcement, and visible improvements is central to the intervention plan.

8. After distal radius fracture, which symptom may indicate CRPS?

A. Prolonged swelling with disproportionate pain

B. Quick healing

C. Normal ROM

D. Absence of pain

A signal that CRPS may be present after a distal radius fracture is pain that is out of proportion to the injury and lasts with ongoing swelling. CRPS involves abnormal autonomic and pain processing after trauma, so the area becomes chronically painful and edematous beyond what would be expected from the fracture alone. You may also see changes in skin color or temperature and reduced motion, but the defining clue is persistent, disproportionate pain paired with swelling that doesn't follow typical healing timelines. Recognizing this early is important because it prompts timely evaluation and management to prevent progression, including pain control and rehabilitation strategies that focus on gradual movement and desensitization. Quick healing, normal range of motion, or absence of pain would not fit the CRPS pattern.

9. Which flexor tendon repair protocol would represent best practice standards for a Zone 2 flexor digitorum superficialis laceration in a 10-year-old?

A. Active mobilization approach

B. Immobilization approach

C. Passive mobilization approach

D. Controlled early active mobilization approach

Protection of the repaired tendon during the initial healing window is the key idea. A Zone II flexor digitorum superficialis repair in a child is particularly vulnerable to rupture if motion is started too soon, because the repair site sits in a tight, high-stress area where tendon forces are common during finger use. Immobilizing the finger in a protective posture for an initial period minimizes tensile load on the repair and allows scar and tendon-to-sheath healing to consolidate, which is especially important in a 10-year-old whose tissues will heal but still benefit from controlled protection. After this immobilization phase, a carefully graded progression to motion is introduced to restore glide and prevent stiffness, but the early steps prioritize protecting the repair. While early motion can reduce adhesions in some adults, the safest, most standard approach for this scenario in a child is initial immobilization to shield the repair and allow proper healing before moving toward controlled mobilization.

10. A COTA in an outpatient clinic is working with a client with bilateral primary adhesive capsulitis. The OTR's assessment revealed interrupted sleep patterns and decreased ability to perform ADLs because of pain. ROM is close to functional but painful throughout the arc. What is the PRIMARY functional focus of occupational therapy intervention?

A. ADL modifications and adaptive equipment education for grooming, bathing, and dressing

B. Electrotherapeutic modalities followed by stretching exercises to facilitate increased ROM

C. Rest, ice, elevation, and compression (RICE) to facilitate functional return

D. Intra-articular corticosteroid injections to allow for better tolerance to stretch

The main issue being addressed is enabling the client to perform daily activities despite shoulder pain and limited movement. When ROM is near functional but painful and sleep is disrupted, the most effective OT approach is to help the person participate in daily tasks by modifying how those tasks are done and by using adaptive equipment. This reduces pain during grooming, bathing, and dressing, promotes independence, and supports safer, more efficient performance of ADLs in the presence of adhesive capsulitis. In this scenario, the focus is on practical adaptations—built-up handles for easier grip, long-handled tools, sock aids, dressing sticks, and similar devices, plus strategies like task sequencing, pacing, and energy conservation. These interventions directly address the client's functional needs and help maintain quality of life while pain management and ROM goals are addressed in other parts of care if appropriate. Modalities, stretching, or injections are valuable components of broader care but fall outside the primary functional domain for OT here. RICE is more relevant to acute injuries and is not the OT-focused path to enabling daily functioning in this context.

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://nbcot.examzify.com

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