

# NPTE Musculoskeletal (MSK) Practice Exam (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. Kehr's sign is associated with pain in which area?**
  - A. The lower back**
  - B. The tip of the shoulder**
  - C. The abdomen**
  - D. The hip joint**
  
- 2. Which test is used to identify shoulder labrum pathology?**
  - A. Biceps Load Test**
  - B. Compression Rotation Test**
  - C. Resisted Supination External Rotation Test**
  - D. Pain Provocation Test**
  
- 3. Individuals with which condition may benefit most from immediate weight bearing after hip surgery due to their cognitive status?**
  - A. Dementia**
  - B. Osteoporosis**
  - C. Fractures**
  - D. Arthritis**
  
- 4. Thoracic outlet syndrome may lead to weakness in muscles supplied by which nerve roots?**
  - A. C5, C6**
  - B. C8, T1**
  - C. T1, T2**
  - D. C6, T1**
  
- 5. Which of the following is considered an important factor in assessing alignment on radiographs?**
  - A. Bone density**
  - B. Cortical thickness**
  - C. Joint space**
  - D. Soft tissue shadows**

- 6. Which symptom is NOT commonly associated with shoulder dislocations?**
- A. Severe night pain**
  - B. Weakness in shoulder movement**
  - C. Increased range of motion**
  - D. Visible deformity of the shoulder**
- 7. What is the weight-bearing status immediately after a cemented hip replacement?**
- A. Non-weight bearing**
  - B. Partial weight bearing**
  - C. Full weight bearing**
  - D. Weight bearing as tolerated**
- 8. What is considered the gold standard for identifying a labral tear?**
- A. Magnetic Resonance Imaging (MRI)**
  - B. Ultrasound exam**
  - C. Arthroscopic surgery of the shoulder**
  - D. X-ray imaging**
- 9. During the posterior apprehension sign, what is the purpose of applying a posterior force through the elbow?**
- A. To assess anterior shoulder stability**
  - B. To evaluate rotator cuff strength**
  - C. To provoke symptoms of instability**
  - D. To measure range of motion**
- 10. What is included in the new ranchos gait terms?**
- A. Initial contact, mid-swing, heel off**
  - B. Initial contact, loading response, midstance, terminal stance, pre-swing**
  - C. Heel strike, toe off, mid stance**
  - D. Terminal stance, initial swing, loading response**

## Answers

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

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## **Explanations**

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**1. Kehr's sign is associated with pain in which area?**

- A. The lower back
- B. The tip of the shoulder**
- C. The abdomen
- D. The hip joint

Kehr's sign is specifically associated with referred pain in the tip of the shoulder. This phenomenon occurs due to irritation of the phrenic nerve, which innervates the diaphragm and is in close proximity to the shoulder area. When there's irritation in the abdominal cavity, particularly from splenic hemorrhage or other pathologies affecting the left side, the pain can manifest in the shoulder region. This is a vital clinical sign used in the assessment of potential intra-abdominal issues, especially those involving the spleen. Understanding this connection between visceral and somatic pain pathways is crucial for diagnosing conditions that might present with referred pain.

**2. Which test is used to identify shoulder labrum pathology?**

- A. Biceps Load Test
- B. Compression Rotation Test
- C. Resisted Supination External Rotation Test
- D. Pain Provocation Test**

The Pain Provocation Test is utilized specifically to assess shoulder labrum pathology by provoking symptoms associated with labral tears or dysfunction. This test focuses on reproducing pain in the shoulder, which can indicate underlying issues with the labrum. When the labrum is compromised, certain movements—particularly those involving rotation or specific positioning—can elicit discomfort or a painful response, thereby assisting the clinician in diagnosing the presence of a labral lesion. This test is particularly effective because it requires the clinician to apply stress to the shoulder joint in a way that specifically targets the labrum, allowing for direct observation of symptom reproduction. In contrast, other tests such as the Biceps Load Test, Compression Rotation Test, and Resisted Supination External Rotation Test involve different mechanisms or focus on related but distinct aspects of shoulder stability, like biceps tendon involvement or general shoulder mechanics, rather than targeting the labral structures directly. Therefore, while valuable in the context of shoulder assessment, they may not be as definitive in diagnosing labral pathology specifically as the Pain Provocation Test.

**3. Individuals with which condition may benefit most from immediate weight bearing after hip surgery due to their cognitive status?**

- A. Dementia**
- B. Osteoporosis**
- C. Fractures**
- D. Arthritis**

Individuals with dementia may benefit most from immediate weight bearing after hip surgery due to their cognitive status because this population often has challenges related to memory, understanding, and following instructions. Implementing immediate weight bearing can facilitate a quicker recovery process and help reinforce motor learning. Engaging in early weight-bearing activities can also contribute positively to their physical function, decrease the risk of complications associated with prolonged immobilization, and encourage participation in rehabilitation efforts. In patients with dementia, maintaining activity levels is crucial as it helps to enhance their overall quality of life and maintain their autonomy as much as possible. Immediate weight bearing can also provide a structured and routine aspect to their post-operative care, which aligns well with their need for consistency amidst cognitive challenges. Since dementia is specifically characterized by cognitive decline, the need for immediate mobilization holds greater significance here compared to conditions like osteoporosis, where precautions are necessary to prevent fractures; fractures themselves generally require careful management and may not directly indicate an immediate need for weight bearing; arthritis involves chronic pain and joint issues that may necessitate a more gradual approach to mobilization.

**4. Thoracic outlet syndrome may lead to weakness in muscles supplied by which nerve roots?**

- A. C5, C6**
- B. C8, T1**
- C. T1, T2**
- D. C6, T1**

Thoracic outlet syndrome (TOS) is a condition characterized by the compression of neurovascular structures passing through the thoracic outlet, which is the space between the collarbone and the first rib. This compression primarily affects the brachial plexus, which is formed by ventral rami from the lower cervical (C5-C8) and upper thoracic (T1) nerve roots. In the context of TOS, the weakness in muscles supplied by specific nerve roots corresponds to the areas innervated by the brachial plexus. The correct answer highlights the importance of the C8 and T1 nerve roots, which innervate muscles in the hand and forearm, including intrinsic muscles that control fine motor actions. Weakness in these regions can result from the compression that occurs in TOS, affecting the motor function of muscles such as the thenar and hypothenar muscles as well as the interossei. Understanding the involvement of C8 and T1 in thoracic outlet syndrome is crucial for both diagnosis and management. In contrast, other nerve roots like C5 and C6 primarily impact the shoulder and upper arm areas and would not account for the specific weakness observed due to TOS, which predominantly influences the lower segments of

**5. Which of the following is considered an important factor in assessing alignment on radiographs?**

- A. Bone density**
- B. Cortical thickness**
- C. Joint space**
- D. Soft tissue shadows**

When assessing alignment on radiographs, bone density plays a critical role because it provides insights into the quality and health of the bone structure itself. Abnormalities in bone density can indicate various pathologies that may affect alignment, such as osteopenia or osteoporosis, where the reduction in bone density can lead to increased susceptibility to fractures and misalignment during weight-bearing activities. While the other factors listed are also important in different contexts, they do not directly influence the assessment of alignment in the same manner as bone density does. Cortical thickness can provide information on the structural integrity of bones, but it does not specifically indicate alignment. Joint space is vital for evaluating conditions such as arthritis, which can affect joint alignment; however, it is more focused on the health of the cartilage rather than alignment per se. Soft tissue shadows can offer additional context regarding soft tissue conditions or injuries but do not primarily contribute to determining bone alignment itself. Therefore, bone density remains a fundamental consideration in assessing alignment on radiographs.

**6. Which symptom is NOT commonly associated with shoulder dislocations?**

- A. Severe night pain**
- B. Weakness in shoulder movement**
- C. Increased range of motion**
- D. Visible deformity of the shoulder**

In the context of shoulder dislocations, symptoms are closely linked to the nature of the injury and the body's response to trauma. A dislocation occurs when the head of the humerus is displaced from the glenoid cavity of the scapula, leading to a range of symptoms. Severe night pain is commonly reported as individuals often experience discomfort that disrupts sleep, particularly when lying on the affected side or if the shoulder is inadvertently positioned in a way that places stress on the joint. Weakness in shoulder movement can arise directly from the dislocation and associated muscle and nerve involvement, making it difficult to perform tasks that require shoulder strength and stability. Visible deformity of the shoulder is a hallmark sign of dislocation, as the displacement often changes the normal contour of the shoulder, making it apparent upon visual inspection. This deformity is typically pronounced and easily observed as the arm may appear shorter or out of alignment. In contrast, increased range of motion is not a symptom associated with dislocation. Instead, a dislocated shoulder generally leads to restricted mobility due to pain, swelling, and the unnatural positioning of the joint. Therefore, the presence of a dislocation is more likely to result in decreased range of motion, as the body instinctively protects the injured area.

**7. What is the weight-bearing status immediately after a cemented hip replacement?**

- A. Non-weight bearing**
- B. Partial weight bearing**
- C. Full weight bearing**
- D. Weight bearing as tolerated**

Immediately following a cemented hip replacement, full weight bearing is typically permitted. Cemented implants allow for immediate stability due to the quick hardening of the cement used during the surgical procedure, providing solid fixation of the prosthesis to the bone. This stability enables the patient to place their full body weight on the new hip joint right after surgery, allowing for more rapid mobilization and rehabilitation. In contrast, non-weight bearing or partial weight bearing statuses are more common with uncemented implants or in cases where the bone needs time to integrate with the implant. Weight bearing as tolerated would also suggest a degree of caution and gradual progression, which is unnecessary after a cemented procedure due to the immediate stability provided by the cement.

**8. What is considered the gold standard for identifying a labral tear?**

- A. Magnetic Resonance Imaging (MRI)**
- B. Ultrasound exam**
- C. Arthroscopic surgery of the shoulder**
- D. X-ray imaging**

The gold standard for identifying a labral tear is arthroscopic surgery of the shoulder. This is primarily because arthroscopy allows for direct visualization of the labrum, which provides conclusive evidence of any tears or associated pathology. During this minimally invasive procedure, the surgeon can assess the condition of the shoulder joint structures, thereby confirming the diagnosis and potentially addressing any issues found during the process. While Magnetic Resonance Imaging (MRI) is a useful non-invasive tool that can suggest the presence of a labral tear, it may not always provide definitive results due to limitations such as the quality of imaging and the possibility of false positives or negatives. Ultrasound can offer real-time imaging but lacks the sensitivity and specificity of arthroscopy for assessing complex shoulder structures. X-ray imaging is primarily used for evaluating bone conditions and does not directly visualize soft tissue structures like the labrum. Therefore, when a definitive diagnosis is required, arthroscopy remains the most reliable method.

**9. During the posterior apprehension sign, what is the purpose of applying a posterior force through the elbow?**

- A. To assess anterior shoulder stability**
- B. To evaluate rotator cuff strength**
- C. To provoke symptoms of instability**
- D. To measure range of motion**

The application of a posterior force through the elbow during the posterior apprehension sign serves to provoke symptoms of instability in the shoulder. This clinical test is specifically designed to assess the likelihood of posterior instability in the glenohumeral joint. By applying pressure to the elbow in a posterior direction, the clinician can create a situation that mimics the forces the shoulder experiences during activities that might lead to dislocation or subluxation. When this force is applied, it may reproduce feelings of apprehension, discomfort, or actual symptoms of instability in patients who have underlying shoulder issues such as posterior labral tears or instability. A positive response indicates that the patient may have an increased risk of instability in the posterior aspect of the shoulder, which is crucial for designing appropriate interventions and rehabilitation strategies. The other aspects like assessing anterior shoulder stability, evaluating rotator cuff strength, or measuring range of motion do not specifically utilize posterior force to elicit symptoms related to instability, making the focus on provoking instability the key reason for this maneuver in the shoulder assessment.

**10. What is included in the new ranchos gait terms?**

- A. Initial contact, mid-swing, heel off**
- B. Initial contact, loading response, midstance, terminal stance, pre-swing**
- C. Heel strike, toe off, mid stance**
- D. Terminal stance, initial swing, loading response**

The new Rancho Los Amigos gait terminology includes a comprehensive classification of gait phases that emphasizes the functional aspects of walking. The terms listed in the correct choice—initial contact, loading response, midstance, terminal stance, and pre-swing—capture the full cycle of a gait event, breaking it down into distinct phases that occur during both stance and swing. - **Initial contact** marks the moment when the foot strikes the ground, setting the stage for the rest of the gait cycle. - **Loading response** is the period where the body absorbs impact after initial contact, allowing for weight acceptance on the stance leg. - **Midstance** occurs when the body weight is over the stance leg, and balance is maintained. - **Terminal stance** represents the phase where the heel of the stance leg lifts off the ground but the body weight has not yet fully transitioned to the opposite leg. - **Pre-swing** signifies the transition from the stance phase to the swing phase as the foot prepares to lift from the ground. This updated terminology accurately describes the dynamic and complex nature of human gait, making it valuable for rehabilitation professionals to assess and treat gait-related issues. It provides a clear framework for understanding each phase of walking, thereby enhancing communication among healthcare providers and

## 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:**

**<https://nptemsk.examzify.com>**

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

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