OMM 6 – Cranial Evaluation and Treatment Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit: https://omm6cranialevaltreatment.examzify.com

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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.

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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!

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Questions

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1. In the vault hold, which finger is placed on the greater wing of the sphenoid?

A. Thumbs off

B. Index on greater wing of sphenoid

C. Middle on zygomatic process

D. Ring on asterion

2. Which term describes a cranial strain pattern we see as Left Sidebending Rotation?

A. Left Sidebending Rotation

B. Right Sidebending Rotation

C. Compression Dysfunction

D. Left Torsion

3. What trauma would be induced from #5 (blue)?

A. Left torsion

B. Left lateral strain

C. Inferior vertical strain

D. Right lateral strain

4. What does the primary respiratory mechanism refer to in OCMM?

A. The innate (inherent) interconnected movement of every tissue and structure of the body

B. The rhythmic movement of the lungs only

C. The circulatory pulsations of the brain

D. The voluntary movement of the cranial bones

5. During cranial extension, what happens to the paired bones?

A. Internally rotate

B. Externally rotate

C. Remain stationary

D. Translate laterally

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6. How is completion indicated in the Frontal Lift?

- **A. Hold until fullness of position is reached**
- **B. Hold for 5 seconds**
- **C. Recheck immediately**
- **D. Wait for patient feedback**

7. What trauma would be induced from #5 (orange)?

- **A. Inferior vertical strain**
- **B. Left lateral strain**
- **C. Right lateral strain**
- **D. Left torsion**

8. In a right SBS sidebending dysfunction, how do the right and left hands present?

- **A. Right hand: Fingers separate and inferior; Left hand: Fingers approximate and superior**
- **B. Right hand: Fingers approximate and superior; Left hand: Fingers separate and inferior**
- **C. Right hand: Fingers neutral; Left hand: Fingers neutral**
- **D. Right hand: Fingers separate and superior; Left hand: Fingers approximate and inferior**

9. In Sacral and Pelvis Release, where is the cephalad arm positioned?

- **A. Draped over the bilateral anterior superior iliac spines (ASIS)**
- **B. Across the chest**
- **C. Over the sacrum**
- **D. On the knees**

10. Which trauma is common to the first and third items?

- **A. Left torsion**
- **B. Right torsion**
- **C. Inferior vertical strain**
- **D. Left lateral strain**

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Answers

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

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Explanations

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1. In the vault hold, which finger is placed on the greater wing of the sphenoid?

A. Thumbs off

B. Index on greater wing of sphenoid

C. Middle on zygomatic process

D. Ring on asterion

The vault hold relies on sensing the cranial base motion by contacting a key sphenoid landmark. Placing the index finger on the greater wing of the sphenoid gives a direct contact point to sense the sphenoid's movement as it articulates with the temporal bones and occiput, which is central to evaluating the cranial rhythmic impulse. This position allows you to feel subtle shifts and balance the motion across the vault. The thumbs are kept off the head, and the other finger placements aren't the standard anchors used to monitor this primary sphenoidal motion.

2. Which term describes a cranial strain pattern we see as Left Sidebending Rotation?

A. Left Sidebending Rotation

B. Right Sidebending Rotation

C. Compression Dysfunction

D. Left Torsion

The main idea here is how cranial strains are named. A sidebending-rotation pattern is described by the direction the SBS is sidebent and rotated. When you see a pattern described as Left Sidebending Rotation, it means the spheno-occipital region is moved to the left (sidebent left) and rotated to the left as well. That exact description is the term that fits the pattern, so the term itself is the best answer. This differs from other patterns: a Right Sidebending Rotation would be the opposite direction, a compression dysfunction involves a generalized compressive state rather than a leftward bend and leftward rotation, and Left Torsion describes a torsional pattern where the sphenoid and occiput rotate in opposite directions around the SBS, not the same-direction left-side movements of Left Sidebending Rotation.

3. What trauma would be induced from #5 (blue)?

A. Left torsion

B. Left lateral strain

C. Inferior vertical strain

D. Right lateral strain

In cranial evaluation, a lateral strain describes a side-to-side shear of the skull where the SBS shifts toward one side while the opposite side moves away. A left lateral strain means the skull is displaced to the left, with relative compression on the left side and expansion on the right. If the blue diagram shows the skull leaning or deforming toward the left, that pattern matches a left lateral strain. This is distinct from torsions (rotation around an anterior-posterior axis), vertical strains (movement along the vertical axis), or the mirror image right lateral strain. So the trauma pattern indicated by the blue image best fits a left lateral strain.

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4. What does the primary respiratory mechanism refer to in OCMM?

A. The innate (inherent) interconnected movement of every tissue and structure of the body

B. The rhythmic movement of the lungs only

C. The circulatory pulsations of the brain

D. The voluntary movement of the cranial bones

The primary respiratory mechanism is about an inherent, involuntary, whole-body motion that is coordinated through the nervous system and its protective membranes, with cerebrospinal fluid fluctuations driving subtle, synchronized movement. In OCMM, this means the cranial bones, sacrum, and associated structures all participate in a unified, global motion transmitted through the dural membranes and fascia. That's why the best choice describes an innate interconnected movement of every tissue and structure of the body—the motion isn't limited to the lungs, nor a specific brain pulse, nor a voluntary cranial movement.

5. During cranial extension, what happens to the paired bones?

A. Internally rotate

B. Externally rotate

C. Remain stationary

D. Translate laterally

In cranial extension, the paired bones rotate toward each other—that is, they undergo internal rotation. This inward twist is the opposite of what happens in flexion, where the bones externally rotate and the sutures diverge. The cranial mechanism involves subtle, rhythmic movements of the skull bones; extension is characterized by this inward rotation of the paired bones, rather than remaining stationary, translating laterally, or rotating outward.

6. How is completion indicated in the Frontal Lift?

A. Hold until fullness of position is reached

B. Hold for 5 seconds

C. Recheck immediately

D. Wait for patient feedback

In a Frontal Lift, completion is determined by palpatory end point rather than time or patient feedback. You hold the lift until fullness of position is reached—the point at which the frontal area has moved into a balanced, integrated position and the restrictive pattern has released. This fullness signals that the maneuver has achieved its goal and the cranial system can be re-evaluated. Holding for a set time or waiting for patient feedback isn't a reliable indicator, and rechecking immediately during the hold can disrupt the subtle release.

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7. What trauma would be induced from #5 (orange)?

A. Inferior vertical strain

B. Left lateral strain

C. Right lateral strain

D. Left torsion

Vertical strains describe movement of the sphenobasilar synchondrosis along the vertical axis. An inferior vertical strain means the cranial base is displaced downward relative to the skull vault, typically due to a vertical, axial load or downward blow to the head. In the image, the orange marker indicates a downward displacement at the SBS, which fits the pattern of an inferior vertical strain. This is the result of a force directed along the vertical axis from above, rather than a sideways or rotational impact.

8. In a right SBS sidebending dysfunction, how do the right and left hands present?

A. Right hand: Fingers separate and inferior; Left hand: Fingers approximate and superior

B. Right hand: Fingers approximate and superior; Left hand: Fingers separate and inferior

C. Right hand: Fingers neutral; Left hand: Fingers neutral

D. Right hand: Fingers separate and superior; Left hand: Fingers approximate and inferior

Sidebending dysfunction of the SBS means one side of the cranial base sits relatively lower while the other sits higher, and this asymmetry shows up in how your monitoring hands contact the skull. For a right-sided sidebending, the right side of the sphenoid/occiput pair is depressed, so the right-hand contact tends to be more spread apart and sit lower (inferior). The left-hand contact moves closer together and sits higher (superior). That opposite pattern between the two hands is the telltale sign of right SBS sidebending. Other patterns would show different relationships—for example, a pattern where both hands are neutral or where the right hand is elevated and separated would not match a right-side tilt.

9. In Sacral and Pelvis Release, where is the cephalad arm positioned?

A. Draped over the bilateral anterior superior iliac spines (ASIS)

B. Across the chest

C. Over the sacrum

D. On the knees

In Sacral and Pelvis Release, the cephalad arm is placed draped over the bilateral anterior superior iliac spines (ASIS). This contact gives stable, broad engagement with the pelvic girdle, allowing you to sense subtle motion of the ilia relative to the sacrum and guide a gentle release. It also provides balanced contact on both sides, which is essential for harmonizing sacral-pelvic mechanics. Placing the arm elsewhere—across the chest, over the sacrum, or on the knees—would not provide the same pelvis-focused contact or enable effective monitoring and adjustment of pelvic motion.

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10. Which trauma is common to the first and third items?

A. Left torsion

B. Right torsion

C. Inferior vertical strain

D. Left lateral strain

Think about how cranial strains arise from traumatic forces. A torsional pattern is produced by a twisting force around the anterior-posterior axis, causing the sphenoid and occiput to rotate in opposite directions. The direction of the torsion (left or right) reflects the direction of the twist imparted to the head. If the trauma described or implied is a twist toward the left, the cranial bones are most likely to adopt a left torsion pattern. This makes left torsion the best match for the two findings that share that twisting mechanism. The other options describe different force directions or patterns—right torsion would be the mirror image twist, inferior vertical strain involves vertical compression without a torsional component, and left lateral strain reflects a side-to-side bend rather than a pure twist. Those patterns don't align with a leftward twisting trauma, so they're less likely to be common to the two items.

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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://omm6cranialevaltreatment.examzify.com

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

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