

OMM 6 – CRANIAL EVALUATION AND TREATMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://omm6cranialevaltreatment.examzify.com>



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 side bending of the SBS can be compared to...**
 - A. Cracking an egg
 - B. Turning a screwdriver
 - C. Cracking a walnut
 - D. Shifting a book on a shelf
- 2. Which of the following is NOT a factor that decreases PRM?**
 - A. Stress
 - B. Depression
 - C. Fatigue
 - D. Physical activity
- 3. 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
- 4. Which term describes a cranial strain pattern we see as Inferior Vertical Strain?**
 - A. Inferior Vertical Strain
 - B. Superior Vertical Strain
 - C. Left Lateral Strain
 - D. Right Torsion
- 5. During SBS flexion, the fingers on the sphenoid move which directions?**
 - A. Inferiorly and anteriorly
 - B. Superiorly and posterior
 - C. Inferiorly and posterior
 - D. Superiorly and anterior

6. What trauma would be induced from #4?

- A. Left Lateral Strain
- B. Right Torsion
- C. Left Torsion
- D. Superior Vertical Strain

7. What is the first step in the cradle hold?

- A. Cross palms
- B. Interlock fingers
- C. Place thumbs along the mastoid process
- D. Palms flat against the forehead

8. Which two items have Right torsion as their trauma?

- A. Second and Fourth items
- B. First and Third items
- C. Orange five and blue five
- D. Six blue and Four

9. What motion is produced by the Parietal Lift?

- A. External rotation of the parietal bones
- B. Internal rotation
- C. Anterior translation
- D. Posterior glide

10. In Compression of the 4th Ventricle, where are the thenar eminences placed?

- A. Medial to the occipitomastoid suture and the lateral angle of the occiput
- B. Over the sagittal suture
- C. On the temporal bone near squamous suture
- D. On the occipital condyles

Answers

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

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Explanations

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1. The side bending of the SBS can be compared to...

- A. Cracking an egg
- B. Turning a screwdriver
- C. Cracking a walnut
- D. Shifting a book on a shelf

The side-bending of the SBS is best thought of as cracking an egg. This analogy captures the gentle, hinge-like action at the base of the skull where the sphenoid and occiput move around a subtle axis, producing a clean, limited separation along the SBS without rattling the entire cranial framework. It's a light, single-plane change that resembles how an eggshell splits along a thin line. Turning a screwdriver implies a rotational twist about an axis, which isn't how SBS side-bending is described. Cracking a walnut suggests a strong, multi-point fracture, which is too forceful and irregular for the subtle cranial base motion. Shifting a book on a shelf depicts translation of the whole object, not the localized, hinge-like SBS movement.

2. Which of the following is NOT a factor that decreases PRM?

- A. Stress
- B. Depression
- C. Fatigue
- D. Physical activity

PRM reflects the body's ability to regulate and adapt its physiological state. Stress, depression, and fatigue all elevate allostatic load and blunt regulatory responses, which tends to lower PRM. Physical activity, in contrast, improves autonomic balance, mood, energy, and recovery, helping maintain or even enhance regulatory capacity. So physical activity is not a factor that decreases PRM, making it the option that does not fit.

3. 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.

4. Which term describes a cranial strain pattern we see as Inferior Vertical Strain?

- A. Inferior Vertical Strain**
- B. Superior Vertical Strain
- C. Left Lateral Strain
- D. Right Torsion

Vertical strains describe movement of the sphenoid and occiput along the vertical axis, changing the height of the sphenobasilar synchondrosis (SBS). In inferior vertical strain, both bones migrate downward, so the SBS is displaced inferiorly. This downward shift is the hallmark of the inferior vertical pattern. The opposite, superior vertical strain, would involve upward movement of the bones and an elevated SBS. Left lateral strain and right torsion represent sideways displacement or rotation, not a downward vertical shift. So the term that best matches this pattern is Inferior Vertical Strain.

5. During SBS flexion, the fingers on the sphenoid move which directions?

- A. Inferiorly and anteriorly**
- B. Superiorly and posterior
- C. Inferiorly and posterior
- D. Superiorly and anterior

During SBS flexion, the sphenoid moves inferiorly and anteriorly relative to the occiput. Because cranial bones move in reciprocal directions at the sphenobasilar junction, the occiput moves superiorly and posteriorly. So the sphenoid's surface is felt moving downward and forward by the treating hands. In contrast, during extension the sphenoid moves posteriorly and superiorly.

6. What trauma would be induced from #4?

- A. Left Lateral Strain
- B. Right Torsion
- C. Left Torsion**
- D. Superior Vertical Strain

The main idea here is how cranial strains describe the relationship of the sphenoid and occiput as the skull responds to trauma. In a torsion pattern, the sphenoid and occiput rotate in opposite directions about the same anteroposterior axis, and the SBS stays level. A left torsion means the sphenoid rotates to the left while the occiput rotates to the right. If the diagram labeled as #4 shows exactly that opposite rotation (sphenoid left, occiput right) about the AP axis with a level SBS, that is the left torsion pattern. That's why it's identified as the induced trauma pattern here. For comparison, a right torsion would be the mirror image (sphenoid right, occiput left). A left lateral strain would involve a lateral shift of the SBS with the bones rotating about vertical or oblique axes in a way that moves the cranial system sideways, not simply opposite rotation about the AP axis. A superior vertical strain would show vertical translation of the SBS rather than the opposite-direction rotation of the two bones.

7. What is the first step in the cradle hold?

- A. Cross palms
- B. Interlock fingers
- C. Place thumbs along the mastoid process
- D. Palms flat against the forehead

Crossing the palms to create a gentle cradle around the head is the initial move. This symmetric contact forms a stable base that allows the hands to envelop the skull and begin palpating the cranial rhythmic impulse with sensitivity. Once the hands are crossed, the thumbs are positioned toward the mastoid regions to help anchor and guide the cradle as you work. Using the palms flat against the forehead or interlocking the fingers would not establish the proper enveloping contact needed for the cradle hold, and placing the thumbs along the mastoids without first forming the cradle would reduce stability and tactile accuracy.

8. Which two items have Right torsion as their trauma?

- A. Second and Fourth items
- B. First and Third items
- C. Orange five and blue five
- D. Six blue and Four

Right torsion is a cranial strain pattern where the motion occurs around an anterior-posterior axis and the two parietal bones rotate in opposite directions, with the right side moving forward relative to the left. In practice, you identify it by finding that the right side of the skull is anterior (and the left side more posterior) when you compare the landmarks at the SBS region and surrounding sutures. The two trauma items that match this pattern are the ones showing that forward-right rotation of the cranial bones (the right side ahead of the left). The other options describe either left torsion or non-torsional patterns, so they don't fit the right-torsion signature.

9. What motion is produced by the Parietal Lift?

- A. External rotation of the parietal bones
- B. Internal rotation
- C. Anterior translation
- D. Posterior glide

The Parietal Lift produces external rotation of the parietal bones. When you gently lift the parietal region, the two parietal bones rotate away from each other and outward, widening the sagittal region and aligning with the cranial rhythm. This outward rotation helps relax restrictions at the sutures and treat somatic dysfunction patterns involving the parietals. Internal rotation, anterior translation, or posterior glide aren't the motions produced by this technique; they correspond to other cranial maneuvers or regions.

10. In Compression of the 4th Ventricle, where are the thenar eminences placed?

- A. Medial to the occipitomastoid suture and the lateral angle of the occiput**
- B. Over the sagittal suture
- C. On the temporal bone near squamous suture
- D. On the occipital condyles

In compression of the fourth ventricle, you're aiming to influence the hindbrain region by directing a gentle compressive vector at the base of the skull where the fourth ventricle sits. Placing the thenar eminences medial to the occipitomastoid sutures and over the lateral angles of the occiput positions your contact exactly where the occipital bone interfaces with the posterior cranial fossa. This location allows a subtle, directed influence on the occipital bone and its articulations near the foramen magnum, helping modulate the cranial rhythmic impulse and CSF dynamics around the fourth ventricle. Other points away from this area wouldn't effectively reach the posterior fossa structures targeted by this technique.

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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://omm6cranialevalttreatment.examzify.com>

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

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