

OPSA Essentials Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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	16

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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. A Glasgow Coma Scale score of 15 indicates which condition?**
 - A. Severe brain injury requiring airway protection.**
 - B. Fully alert, oriented, normal motor/verbal response.**
 - C. Moderate brain injury with reduced responsiveness.**
 - D. Unresponsive with no eye opening.**

- 2. During the FABER protocol, which structure is stabilized?**
 - A. Patella**
 - B. Greater trochanter**
 - C. Calcaneus**
 - D. Opposite ASIS**

- 3. To prevent hip dislocation, which precaution is advised?**
 - A. Avoid trunk extension**
 - B. Avoid hip adduction**
 - C. Avoid hip flexion beyond 45°**
 - D. Avoid hip abduction**

- 4. Which factor is NOT included in the FROP-COM protocol?**
 - A. Balance**
 - B. Heart rate**
 - C. Cognition**
 - D. Environment**

- 5. Which statement best describes the protocol for the isometric lateral flexor endurance test?**
 - A. The patient lies on side with legs extended and top foot in front, supports body on elbow and feet, lifts hips to maintain straight alignment while uninvolved arm rests across chest, and holds position until hips drop.**
 - B. The patient lies on side with legs extended and top foot in back, supports body on elbow and knee, and holds a static position.**
 - C. The patient lies on back and performs a leg lift.**
 - D. The patient stands and leans to the side while keeping the hips level.**

- 6. Which precaution specifically addresses protecting a catheter site during exercise?**
- A. Engage in high-impact activities**
 - B. Limit range of motion to the trunk**
 - C. Protect catheter site and avoid contact sports**
 - D. Increase intra-abdominal pressure during exercise**
- 7. Which of the following is a contraindication to exercise in heart failure?**
- A. Acute decompensation.**
 - B. Regular aerobic training.**
 - C. Adequate hydration.**
 - D. Stable resting heart rate.**
- 8. How does the James protocol increase workload after the initial three stages?**
- A. After 3 stages, workload increases by 18-36 W/min until maximal voluntary effort.**
 - B. After 3 stages, workload increases by 5 W/min until maximal effort.**
 - C. After 3 stages, workload increases by 10 W/min every stage.**
 - D. After 3 stages, workload increases by 50 W/min until maximal effort.**
- 9. What is a gold standard in testing?**
- A. A standard test used to compare results regardless of accuracy.**
 - B. The criterion measure believed to produce the most accurate results.**
 - C. The lowest-cost method for testing.**
 - D. A test that has the highest false positive rate.**
- 10. Foot drop is caused by inability to dorsiflex due to injury of which nerve?**
- A. Common fibular nerve**
 - B. Tibial nerve**
 - C. Sural nerve**
 - D. Median nerve**

Answers

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

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Explanations

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1. A Glasgow Coma Scale score of 15 indicates which condition?

- A. Severe brain injury requiring airway protection.
- B. Fully alert, oriented, normal motor/verbal response.**
- C. Moderate brain injury with reduced responsiveness.
- D. Unresponsive with no eye opening.

The main idea here is how the Glasgow Coma Scale measures consciousness. It adds three components—eye opening, verbal response, and motor response—each with its own maximum (eye opening up to 4, verbal up to 5, motor up to 6). A total of 15 means all three responses are at their best: eyes open spontaneously, the person is oriented and speaks normally, and follows commands. That state reflects full alertness and normal neurological function. So a score of 15 indicates someone is fully alert with normal motor and verbal responses. Lower scores describe progressively greater impairment, which is why the other descriptions don't fit a perfect 15.

2. During the FABER protocol, which structure is stabilized?

- A. Patella
- B. Greater trochanter
- C. Calcaneus
- D. Opposite ASIS**

Stabilizing the opposite ASIS fixes the pelvis so that movement during the FABER maneuver comes from the hip and sacroiliac region, not from pelvic motion. In this test, the leg is flexed, abducted, and externally rotated with the foot resting on the opposite knee, while the clinician holds the contralateral ASIS to prevent pelvic tilt or rotation as they apply gentle pressure. This setup isolates the hip/SI joints to help pinpoint where pain or dysfunction originates. The other structures listed aren't used as the stabilization anchor: the patella and calcaneus are part of the knee and foot, and the greater trochanter isn't the stabilization point in this protocol.

3. To prevent hip dislocation, which precaution is advised?

- A. Avoid trunk extension
- B. Avoid hip adduction**
- C. Avoid hip flexion beyond 45°
- D. Avoid hip abduction

Preventing hip dislocation after a hip replacement hinges on avoiding movements that bring the leg toward or across the midline. When the thigh adducts, it can push the femoral head out of the socket, especially when the joint is still vulnerable during healing. Keeping the leg from crossing the midline by avoiding hip adduction thus minimizes this dislocation risk, which is why this precaution is emphasized. Trunk extension, excessive hip flexion beyond a small degree, or keeping the leg away from abduction aren't universally required precautions in the same way, and some protocols allow limited flexion or abduction depending on the surgical approach.

4. Which factor is NOT included in the FROP-COM protocol?

- A. Balance
- B. Heart rate**
- C. Cognition
- D. Environment

The key idea here is understanding what the FROP-COM protocol measures. FROP-COM screens for falls risk by looking at functional and environmental factors in community-dwelling older adults. It includes domains like balance, which directly affects stability and fall risk; cognition, since cognitive problems can lead to unsafe decisions or inattention; and environment, because home hazards and layout can influence the likelihood of a fall. Heart rate, however, is a physiological vital sign and is not a domain that this protocol assesses. The tool focuses on modifiable risk factors within those functional and environmental areas, not on measuring cardiovascular metrics. So heart rate isn't part of FROP-COM.

5. Which statement best describes the protocol for the isometric lateral flexor endurance test?

- A. The patient lies on side with legs extended and top foot in front, supports body on elbow and feet, lifts hips to maintain straight alignment while uninvolved arm rests across chest, and holds position until hips drop.**
- B. The patient lies on side with legs extended and top foot in back, supports body on elbow and knee, and holds a static position.
- C. The patient lies on back and performs a leg lift.
- D. The patient stands and leans to the side while keeping the hips level.

The test measures how long the lateral core muscles (the obliques) can maintain a side-lying bridge without the hips sagging. In the correct protocol, you lie on your side with legs straight and place the top foot in front to create a stable base. You support your body on the lower elbow and feet, keeping your spine in a straight line, while the top arm rests across the chest to prevent using the arm for assistance. You hold this steady, isometric position until the hips drop or fatigue ends the hold. This setup specifically challenges lateral flexors in a static hold, which is why it matches the test description. The other options describe different positions or movements that don't match the isometric lateral flexor endurance protocol: a top foot placed behind and support on the knee changes the leverage and support points; lying on the back and lifting a leg is a different, anterior core test; standing and leaning to the side is a dynamic, not isometric, lateral movement.

6. Which precaution specifically addresses protecting a catheter site during exercise?

- A. Engage in high-impact activities**
- B. Limit range of motion to the trunk**
- C. Protect catheter site and avoid contact sports**
- D. Increase intra-abdominal pressure during exercise**

Protecting a catheter site during exercise means preventing any trauma or movement that could dislodge the catheter or introduce infection. The best precaution is to protect the catheter site and avoid contact sports because contact or bumping against equipment, clothing, or others can tug on the catheter, disrupt the dressing, or contaminate the entry point. Activities that increase risk of trauma to the site are more dangerous than simply limiting motion or increasing abdominal pressure. Limiting range of motion to the trunk doesn't directly guard the site from external impact, and increasing intra-abdominal pressure can actually threaten the catheter by promoting displacement or coughing that strains the insertion area. To support protection, keep the dressing clean and dry, secure the tubing, avoid submersion or contact sports, and follow specific clinician guidance on permissible activities.

7. Which of the following is a contraindication to exercise in heart failure?

- A. Acute decompensation.**
- B. Regular aerobic training.**
- C. Adequate hydration.**
- D. Stable resting heart rate.**

When heart failure is not stable, exercise is not safe. Acute decompensation means the heart can't meet the body's demands and there's fluid overload, poor perfusion, and a high risk of pulmonary edema, arrhythmias, or shock. Pushing exercise in this state can worsen congestion and lead to rapid deterioration, so stabilization with medical therapy comes before any exercise program. In contrast, regular aerobic training is actually encouraged once stability is achieved, and adequate hydration supports preload and kidney perfusion. A stable resting heart rate suggests the patient isn't in crisis and can usually participate in a supervised, appropriately progressed program.

8. How does the James protocol increase workload after the initial three stages?

- A. After 3 stages, workload increases by 18-36 W/min until maximal voluntary effort.**
- B. After 3 stages, workload increases by 5 W/min until maximal effort.**
- C. After 3 stages, workload increases by 10 W/min every stage.**
- D. After 3 stages, workload increases by 50 W/min until maximal effort.**

The key idea here is that after the first three fixed stages, the James protocol switches to a ramped increase in workload. The workload is raised gradually by a fixed amount each minute—specifically 18 to 36 watts per minute—continuing until the participant reaches maximal effort. This steady ramp creates a continuous, progressive challenge that helps elicit a true peak during testing and allows clear assessment of maximal capacity. That's why the option stating a 18-36 W per minute increase after the third stage is the best fit. The other patterns don't match the ramp design: smaller, constant per-minute increases (like 5 W/min) or discrete stage jumps (such as 10 W/min every stage) don't reflect the continuous ramp, and a 50 W/min jump would be too abrupt, likely shortening the test dramatically and not aligning with the protocol's intent.

9. What is a gold standard in testing?

- A. A standard test used to compare results regardless of accuracy.**
- B. The criterion measure believed to produce the most accurate results.**
- C. The lowest-cost method for testing.**
- D. A test that has the highest false positive rate.**

The gold standard is the most accurate method available for determining the true status and serves as the benchmark against which other tests are judged. It's the criterion measure believed to produce the most accurate results, used to validate and compare other tests' performance (like how a biopsy might define true disease status against which imaging tests are measured). This isn't about cost or having a high false-positive rate; it's about providing the best reference truth to assess accuracy, even though, in practice, no test is perfect.

10. Foot drop is caused by inability to dorsiflex due to injury of which nerve?

- A. Common fibular nerve**
- B. Tibial nerve**
- C. Sural nerve**
- D. Median nerve**

Foot drop happens when the muscles that lift the front of the foot can't contract, which are the anterior compartment muscles like tibialis anterior and the Extensor digitorum longus. Those muscles get their nerve supply from the deep branch of the common fibular (peroneal) nerve. If the common fibular nerve is injured, dorsiflexion is lost and foot drop results. The tibial nerve controls the opposite action—plantarflexion via the posterior leg muscles—so its injury wouldn't typically cause loss of dorsiflexion. The sural nerve is sensory, not motor, so damage would affect sensation rather than movement. The median nerve serves the forearm and hand, not the leg, so it wouldn't cause foot drop.

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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://opsaessentials.examzify.com>

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

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