

OPSA ESSENTIALS 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

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1. Stage 5 protocol: what is the key action?

- A. Both legs fully extended and lowered toward the floor while maintaining neutral spine and constant pressure.
- B. One leg is lowered while the other remains extended.
- C. Both legs are raised to tabletop.
- D. Pressure is increased to 60 mmHg.

2. Neer's test is used to assess what during shoulder elevation?

- A. To assess compression of subacromial structures during shoulder elevation.
- B. To assess glenohumeral joint stability during rotation.
- C. To test rotator cuff strength with resisted abduction.
- D. To identify adhesive capsulitis.

3. Which movement is commonly restricted to prevent hip dislocation after hip surgery?

- A. Knee flexion beyond 120 degrees
- B. Ankle plantarflexion beyond 30 degrees
- C. Hip abduction beyond 90 degrees
- D. Hip flexion beyond 90 degrees

4. In a Symptom-Limited Test, when ECG or BP monitoring is unreliable due to technical difficulties, what is the appropriate action?

- A. Safety cannot be assured, requiring termination.
- B. The test should continue with manual monitoring.
- C. Disconnect the equipment and proceed.
- D. Ignore and proceed.

5. What should be monitored post-exercise in MG patients?

- A. Blood pressure changes
- B. Muscle and joint pain
- C. Sleep quality
- D. Nausea

- 6. What is idiopathic type 1 diabetes mellitus?**
- A. A rare subtype with no identifiable etiology, occurring predominantly in individuals of African or Asian ancestry.
 - B. An autoimmune-mediated disease.
 - C. A form identical to type 2 diabetes in pathophysiology.
 - D. A diabetes form seen only in children.
- 7. Unstable angina is an absolute contraindication to exercise. Which description best reflects this condition?**
- A. Chest pain only during brisk walking.
 - B. Chest pain occurs unpredictably or at rest.
 - C. History of myocardial infarction but no current symptoms.
 - D. Controlled blood pressure during exertion.
- 8. Which disease commonly includes balance and cueing strategies as beneficial components of exercise?**
- A. Alzheimer's disease
 - B. Parkinson's disease
 - C. Cystic fibrosis
 - D. Asthma
- 9. What is the normal range for shoulder abduction?**
- A. 0-180°
 - B. 0-120°
 - C. 0-90°
 - D. 0-70°
- 10. Which test is used to assess dynamic lower limb alignment and neuromuscular control?**
- A. Trendelenburg sign.
 - B. Prone straight leg raise test.
 - C. Step down test.
 - D. 90 90 straight leg raise test.

Answers

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

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Explanations

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1. Stage 5 protocol: what is the key action?

- A. Both legs fully extended and lowered toward the floor while maintaining neutral spine and constant pressure.**
- B. One leg is lowered while the other remains extended.
- C. Both legs are raised to tabletop.
- D. Pressure is increased to 60 mmHg.

Stage 5 focuses on maintaining a stable spine and constant core engagement while the legs move. The key action is lowering both legs from an extended position toward the floor, all while keeping the spine in neutral and the abdominal pressure steady. This combination trains coordinated control of the hip flexors and deep core muscles to prevent the lower back from arching or the pelvis from tilting, ensuring a safe and controlled progression. Lowering one leg at a time would disrupt symmetry and stability, so it isn't the defining action here. Lifting the legs to tabletop represents a different, earlier stage that emphasizes different setup and control, not the full leg-lowering descent. Increasing external pressure to a specific number isn't describing the movement pattern at all.

2. Neer's test is used to assess what during shoulder elevation?

- A. To assess compression of subacromial structures during shoulder elevation.**
- B. To assess glenohumeral joint stability during rotation.
- C. To test rotator cuff strength with resisted abduction.
- D. To identify adhesive capsulitis.

Neer's test targets subacromial impingement by reproducing compression of structures under the acromion as the arm is elevating. By stabilizing the scapula and passively lifting the arm into forward elevation (often with internal rotation), the humeral head is pressed upward into the undersurface of the acromion, narrowing the subacromial space. If the rotator cuff tendons and the subacromial bursa are irritated, this maneuver provokes pain, indicating impingement. This isn't about rough tests of shoulder joint stability, which rely on different maneuvers that assess the glenohumeral joint, nor is it a strength test for the rotator cuff (that would involve resisted abduction). It also isn't a test for adhesive capsulitis, which typically presents with a broader, capsular pattern of motion loss rather than focal impingement pain.

3. Which movement is commonly restricted to prevent hip dislocation after hip surgery?

- A. Knee flexion beyond 120 degrees
- B. Ankle plantarflexion beyond 30 degrees
- C. Hip abduction beyond 90 degrees
- D. Hip flexion beyond 90 degrees**

After hip surgery, preventing dislocation focuses on avoiding positions that push the femoral head out of the socket. Limiting hip flexion to 90 degrees or less is a common and effective restriction because bending the hip beyond that point places the femoral head at the back of the acetabulum, increasing the risk of dislocation—especially with a posterior surgical approach. Other movements mentioned don't place the hip in a position that directly threatens the joint in the same way: knee bending or ankle movement don't control the hip dislocation risk, and while hip abduction can be monitored, it isn't the universal precaution used to prevent dislocation. So, keeping hip flexion under 90 degrees best reduces the chance of dislocation after surgery.

4. In a Symptom-Limited Test, when ECG or BP monitoring is unreliable due to technical difficulties, what is the appropriate action?

- A. Safety cannot be assured, requiring termination.**
- B. The test should continue with manual monitoring.
- C. Disconnect the equipment and proceed.
- D. Ignore and proceed.

When a symptom-limited test is being performed, patient safety depends on continuous, reliable ECG and blood pressure monitoring to detect dangerous responses in real time. If the monitoring is unreliable due to technical problems, you cannot confidently identify ischemia, arrhythmias, or dangerous BP changes. Proceeding under uncertain data could miss a critical event, so the correct action is to stop the test and fix the monitoring issues, or terminate and reschedule if the problem can't be resolved promptly. Continuing with unreliable or substituting guesswork isn't acceptable, and disconnecting equipment to proceed would bypass essential safety checks. Ignoring the monitoring and pushing ahead is similarly unsafe.

5. What should be monitored post-exercise in MG patients?

- A. Blood pressure changes
- B. Muscle and joint pain**
- C. Sleep quality
- D. Nausea

Post-exercise monitoring in MG centers on how the muscles respond to activity. Myasthenia gravis causes fatigable weakness, which typically worsens after use. Watching for changes in muscle performance and any new or increased muscle or joint pain helps identify overexertion and how well rest and pacing are working to prevent a drop in strength. The other factors listed—blood pressure changes, sleep quality, or nausea—are less directly tied to how MG muscles handle post-exercise, so muscle and joint pain is the most relevant signal to watch.

6. What is idiopathic type 1 diabetes mellitus?

- A. A rare subtype with no identifiable etiology, occurring predominantly in individuals of African or Asian ancestry.**
- B. An autoimmune-mediated disease.
- C. A form identical to type 2 diabetes in pathophysiology.
- D. A diabetes form seen only in children.

Idiopathic type 1 diabetes mellitus refers to a rare form of type 1 diabetes where no identifiable cause can be found. It differs from the classic autoimmune type 1 in that there are no known autoimmune markers or autoantibodies driving beta cell destruction. This form tends to appear more often in people of African or Asian ancestry and presents with insulin deficiency, similar to other forms of type 1, but without an autoimmune basis. The other options don't fit because autoimmune type 1 involves an immune-mediated attack on beta cells, type 1 is not simply the same as type 2 in how it develops, and this form is not restricted to children.

7. Unstable angina is an absolute contraindication to exercise. Which description best reflects this condition?

- A. Chest pain only during brisk walking.
- B. Chest pain occurs unpredictably or at rest.**
- C. History of myocardial infarction but no current symptoms.
- D. Controlled blood pressure during exertion.

Unstable angina shows up as chest pain that is unpredictable and can occur at rest or with minimal exertion, signaling that the heart is experiencing an abrupt change in blood flow and a high risk of a heart attack. Because exercise can provoke or worsen this instability, it's considered an absolute contraindication to exercise. The option that describes chest pain occurring unpredictably or at rest best fits unstable angina. By contrast, chest pain only during brisk walking points to stable angina, a history of MI with no current symptoms isn't ongoing ischemia, and controlled blood pressure during exertion suggests a stable response rather than an active ischemic event.

8. Which disease commonly includes balance and cueing strategies as beneficial components of exercise?

- A. Alzheimer's disease
- B. Parkinson's disease**
- C. Cystic fibrosis
- D. Asthma

Balance and cueing strategies are especially helpful in exercise for Parkinson's disease because this condition commonly impairs postural control and gait, leading to stability issues and freezing of gait. External cues—such as a metronome for rhythm, lines on the floor to step over, or visual targets—help bypass the brain's internal timing and motor initiation problems caused by basal ganglia dysfunction, making movements more consistent and easier to start. Balance training directly targets postural instability, reducing fall risk, which is a major concern in Parkinson's. While other conditions may involve exercise, their primary focus isn't on balance and cueing as central components in the same way, so Parkinson's is the disease most associated with these beneficial strategies.

9. What is the normal range for shoulder abduction?

- A. 0-180°**
- B. 0-120°
- C. 0-90°
- D. 0-70°

Shoulder abduction measures the full arc of motion from the arm at the side up to the arm raised overhead, and it involves the whole shoulder complex, not just the main joint. As you lift the arm in the frontal plane, the glenohumeral joint contributes about 90 degrees, and the scapulothoracic mechanism must upwardly rotate to allow the full range, adding roughly another 60 degrees. Together, this gives about 180 degrees of motion. That's why the normal range is 0 to 180 degrees. The other options underestimate the full arc because they reflect only part of the movement or limit the motion to the glenohumeral joint alone.

10. Which test is used to assess dynamic lower limb alignment and neuromuscular control?

- A. Trendelenburg sign.
- B. Prone straight leg raise test.
- C. Step down test.
- D. 90/90 straight leg raise test.

The key idea is evaluating dynamic control of the leg during a functional task. The step-down test challenges how well the hip, knee, and ankle work together to maintain proper alignment as you lower the body off a step. It reveals how the knee tracks over the foot, whether there's excessive knee valgus or hip adduction/internal rotation, and how well the trunk and pelvis are stabilized—all of which depend on coordinated neuromuscular control and strength. This makes it a direct measure of dynamic lower-limb alignment during movement. Other tests target different aspects: the Trendelenburg sign focuses on static pelvis stability and gluteus medius strength during a single-leg stance, while the prone straight leg raise and the 90/90 straight leg raise primarily assess hamstring length and neural tension rather than dynamic movement patterns. That's why the step-down test best fits the idea of dynamic alignment and neuromuscular control.

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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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