

Orthopedic, Psychiatric, Endocarditis Physical 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. What is the normal active shoulder abduction range?**
 - A. 180 degrees**
 - B. 120 degrees**
 - C. 90 degrees**
 - D. 60 degrees**

- 2. In the Lachman Test, the knee is flexed to approximately how many degrees before applying anterior force to the tibia?**
 - A. 15 Degrees**
 - B. 30 Degrees**
 - C. 60 Degrees**
 - D. 90 Degrees**

- 3. Which spinal level corresponds to hip flexion?**
 - A. L1**
 - B. L2**
 - C. L3**
 - D. L4**

- 4. Which spinal level corresponds to ankle dorsiflexion?**
 - A. L3**
 - B. L4**
 - C. L5**
 - D. S1**

- 5. A positive windlass test indicates which condition?**
 - A. Plantar fasciitis**
 - B. Morton's neuroma**
 - C. Achilles tendinopathy**
 - D. Calcaneal spur**

- 6. The squeeze test yields a positive result indicating injury to which area?**
 - A. Syndesmotic injury**
 - B. ACL tear**
 - C. MCL tear**
 - D. Osteoarthritis**

- 7. During palpation of the thoracic and lumbar spine, which finding is commonly observed?**
- A. Spasm & atrophy of paraspinal muscles**
 - B. Fusion of the spinous processes**
 - C. Peripheral pulses absent**
 - D. Prominent spinous process deformity**
- 8. AD8 dementia screening assesses which domains?**
- A. Judgement, memory, daily thinking problems**
 - B. Mood**
 - C. Sleep**
 - D. Appetite**
- 9. Tinel's sign of the ankle involves tapping over which nerve?**
- A. Posterior tibial nerve behind the medial malleolus**
 - B. Sural nerve near the lateral malleolus**
 - C. Deep peroneal nerve at the dorsum of the foot**
 - D. Tibial nerve at the popliteal fossa**
- 10. In straight leg raise, which nerve roots are commonly implicated in radicular pain?**
- A. L2-L3**
 - B. L3-L4**
 - C. L4-S1**
 - D. S2-S3**

Answers

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

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Explanations

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1. What is the normal active shoulder abduction range?

- A. 180 degrees**
- B. 120 degrees**
- C. 90 degrees**
- D. 60 degrees**

Normal active shoulder abduction brings the arm from the side up to overhead, totaling about 180 degrees. This full range comes from a combination of movements at two joints: the glenohumeral joint contributes roughly 120 degrees of elevation, while the scapulothoracic mechanism adds about 60 degrees through upward rotation of the scapula. The coordination between these two components—often described by scapulohumeral rhythm—allows the arm to reach the overhead position. The motion begins with the supraspinatus initiating the lift and is continued by the deltoid, with the scapula rotating upward as the arm rises. Measure from the arm at the side in neutral to the arm fully overhead with the palm facing forward; while individual variation exists, 180 degrees is the normal active ROM for shoulder abduction.

2. In the Lachman Test, the knee is flexed to approximately how many degrees before applying anterior force to the tibia?

- A. 15 Degrees**
- B. 30 Degrees**
- C. 60 Degrees**
- D. 90 Degrees**

The main idea is that the Lachman test assesses ACL integrity by measuring how much the tibia can move forward when the knee is placed in a modest bend. The knee is flexed to about 20-30 degrees before you apply anterior force to the tibia. At this angle, the ACL is the primary restraint to forward tibial translation, while the hamstrings are less likely to mask the movement and other structures don't dominate the motion. If the ACL is torn, you'll see increased anterior excursion and a softer end feel compared with the uninjured knee. Choosing a much smaller angle, like 15 degrees, provides less reliable isolation of the ACL and can be harder to interpret. If you bend the knee much more, such as 60 or 90 degrees, other structures and hamstring activity come into play, which reduces the test's specificity for the ACL. So the commonly accepted approximation is around 20-30 degrees, with 30 degrees often used as a standard.

3. Which spinal level corresponds to hip flexion?

- A. L1**
- B. L2**
- C. L3**
- D. L4**

Hip flexion is dominated by the iliopsoas muscle group, which is innervated mainly by the L2 myotome via the femoral nerve (with contributions from L1-L3 for psoas and L2-L4 for iliacus). In clinical testing, the L2 level best corresponds to hip flexion because it represents the primary motor input to this movement. Higher levels like L1 contribute but are less consistently tested for hip flexion, while lower levels such as L3-L4 are more involved in knee actions. Therefore, L2 is the most appropriate single level for hip flexion.

4. Which spinal level corresponds to ankle dorsiflexion?

- A. L3
- B. L4**
- C. L5
- D. S1

Ankle dorsiflexion is produced mainly by the tibialis anterior, which is innervated by the deep peroneal nerve arising from the L4 nerve root (with some contribution from L5). In neurological testing, the L4 myotome is assessed by ankle dorsiflexion strength, so this movement most directly reflects L4 integrity. If L4 is affected, dorsiflexion weakness or foot drop is likely. By contrast, plantarflexion is predominantly S1, and great toe dorsiflexion aligns more with L5, while knee extension involves L3-L4. Thus, the spinal level most closely associated with ankle dorsiflexion is L4.

5. A positive windlass test indicates which condition?

- A. Plantar fasciitis**
- B. Morton's neuroma
- C. Achilles tendinopathy
- D. Calcaneal spur

The windlass test checks the plantar fascia by dorsiflexing the big toe to tighten the arch. When the toe is bent upward, the plantar fascia is pulled taut, lifting the arch like a windlass. If plantar fascia inflammation is present, this stretch reproduces heel pain, especially under the medial heel where the fascia attaches. So a positive windlass test points to plantar fasciitis. Other conditions—Morton's neuroma, which causes forefoot symptoms; Achilles tendinopathy, with posterior heel pain and tendon-specific tests; and calcaneal spur-related pain—do not produce the same plantar fascia-tension pain with toe dorsiflexion, making the windlass test most specific for plantar fasciitis.

6. The squeeze test yields a positive result indicating injury to which area?

- A. Syndesmotic injury**
- B. ACL tear
- C. MCL tear
- D. Osteoarthritis

The squeeze test targets the distal tibiofibular syndesmosis, the ligaments uniting the tibia and fibula near the ankle. By compressing the mid-calf, you apply a force that stresses those syndesmotic ligaments; if they're injured, this reproduces pain around the ankle where the syndesmosis sits, indicating a high ankle sprain or related syndesmotic injury. This maneuver isn't meant to diagnose ACL tears, MCL injuries, or osteoarthritis, which are evaluated with knee-specific tests or imaging and by different clinical signs. So a positive squeeze test points to injury of the syndesmotic structures.

7. During palpation of the thoracic and lumbar spine, which finding is commonly observed?

- A. Spasm & atrophy of paraspinal muscles**
- B. Fusion of the spinous processes**
- C. Peripheral pulses absent**
- D. Prominent spinous process deformity**

During palpation of the thoracic and lumbar spine, the most common finding is spasm and possible atrophy of the paraspinal muscles. The paraspinal muscles (like the multifidus and erector spinae) lie on either side of the spine and often become tight and tender in response to strain or facet irritation. This guarding sensation is a typical sign of acute or subacute back pain. In longer-standing problems, disuse can lead to measurable atrophy, with reduced muscle bulk on the affected side or overall. Other options aren't typical findings from palpation. Fusion of the spinous processes is a radiographic/advanced degenerative change rather than something you feel as a normal palpation finding. Absence of peripheral pulses isn't related to palpating the spine. A prominent spinous process deformity would suggest a significant structural abnormality or deformity, which isn't the everyday palpation finding in a routine spine exam.

8. AD8 dementia screening assesses which domains?

- A. Judgement, memory, daily thinking problems**
- B. Mood**
- C. Sleep**
- D. Appetite**

AD8 targets how cognitive changes show up in daily life. It asks about subtle shifts in memory and thinking that impact everyday tasks and judgment—essentially, how well a person can reason, solve problems, and manage daily activities. That combination of memory, judgment, and daily-thinking difficulties is what the AD8 is designed to pick up, making it a quick screen for potential dementia. Mood, sleep, and appetite are not the primary domains assessed by this tool; those areas are typically evaluated with different instruments. The AD8 is often completed by an informant who knows the person well, capturing changes the patient may not report.

9. Tinel's sign of the ankle involves tapping over which nerve?

- A. Posterior tibial nerve behind the medial malleolus**
- B. Sural nerve near the lateral malleolus**
- C. Deep peroneal nerve at the dorsum of the foot**
- D. Tibial nerve at the popliteal fossa**

Tinel's sign uses tapping to evoke symptoms from an irritated nerve along its path. At the ankle, the posterior tibial nerve travels just behind the medial malleolus in the tarsal tunnel. Tapping there can reproduce tingling or numbness in the plantar foot, which points to entrapment or irritation of that nerve at the ankle. The other nerves mentioned are not the typical targets for an ankle Tinel's sign: the sural nerve near the lateral malleolus would affect lateral foot sensation, the deep peroneal nerve on the dorsum of the foot would involve the first web space, and tapping the tibial nerve in the popliteal fossa would indicate a lesion higher up, not at the ankle.

10. In straight leg raise, which nerve roots are commonly implicated in radicular pain?

- A. L2-L3**
- B. L3-L4**
- C. L4-S1**
- D. S2-S3**

Straight leg raise tests tension on the lumbosacral nerve roots that form the sciatic nerve, and radicular pain from disc herniation most often involves the lower lumbar roots. The most common affected roots are around L5 and S1 from herniations at the typical levels (L4-L5 or L5-S1), so the nerve root range that best encompasses these is L4 through S1. Higher roots like L2-L3 or L3-L4 are less commonly implicated in the classic straight leg raise radicular pattern, and S2-S3 involvement is not the usual culprit in this scenario. Thus, the L4-S1 range best explains the common radicular pain seen with straight leg raise.

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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://orthopsychendocarditisphysical.examzify.com>

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

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