Orthopedic, Psychiatric, Endocarditis Physical Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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

1. Which ligament is located on the medial side of the ankle and commonly palpated?

A. Deltoid ligament

B. ATF ligament

C. PTF ligament

D. Calcaneofibular ligament

2. Phalen's test is positive when paresthesias occur along which nerve distribution?

A. Median nerve distally

B. Ulnar nerve distally

C. Radial nerve distally

D. Musculocutaneous nerve distally

3. During resisted straight leg test, pain in the anterior hip or groin indicates pathology of which structure?

A. Hip adductors

B. Hip flexors

C. Gluteus maximus

D. Quadriceps

4. In the cross straight leg raise test, which leg is flexed?

A. Involved leg

B. Uninvolved leg

C. Both legs

D. The knee of the uninvolved leg

5. Which spinal level corresponds to knee extension?

A. L2

B. L3

C. L4

D. L5

6. In the shoulder abduction test, lifting the arm above the head relieves symptoms. This relief suggests which condition?

- **A. C5 radiculopathy**
- **B. C6 radiculopathy**
- **C. C7 radiculopathy**
- **D. Brachial plexus neuritis**

7. Which test is used to assess acromioclavicular joint injury?

- **A. Cross-arm (horizontal adduction) test**
- **B. Resisted shoulder abduction test**
- **C. Apprehension test**
- **D. O'Brien test**

8. Which screening test reproduces paresthesias in carpal tunnel syndrome?

- **A. Tinel sign**
- **B. Phalen test**
- **C. Froment's sign**
- **D. Finkelstein test**

9. Anatomical snuff box palpation is used to assess for which injury?

- **A. Scaphoid fracture**
- **B. Lunate dislocation**
- **C. Bennett's fracture**
- **D. Hook of hamate fracture**

10. Which physical sign is most predictive of ligamentous knee instability?

- **A. Positive Lachman test**
- **B. Joint line tenderness**
- **C. Positive ligamentous stability tests (Lachman, anterior drawer, posterior drawer) with laxity**
- **D. Positive McMurray sign**

Answers

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

Explanations

1. Which ligament is located on the medial side of the ankle and commonly palpated?

A. Deltoid ligament

B. ATF ligament

C. PTF ligament

D. Calcaneofibular ligament

On the medial side of the ankle the major stabilizer is the deltoid ligament, a broad, strong fan-shaped complex that runs from the medial malleolus to several tarsal bones (including the sustenaculum tali of the calcaneus, the navicular, and the talus). It provides resistance to eversion and to external rotation of the foot. Because it lies directly along the medial malleolus, it is the structure that clinicians typically palpate when examining the inner ankle for tenderness or injury. In contrast, the ligaments on the lateral side—the anterior talofibular, posterior talofibular, and calcaneofibular ligaments—anchor the lateral malleolus and are more commonly assessed in inversion injuries. Their locations and functions are different, which is why the medial palpation points to the deltoid ligament as the correct answer.

2. Phalen's test is positive when paresthesias occur along which nerve distribution?

A. Median nerve distally

B. Ulnar nerve distally

C. Radial nerve distally

D. Musculocutaneous nerve distally

Phalen's test stresses the median nerve as it passes through the carpal tunnel. When the wrists are held in full flexion, the pressure inside the tunnel increases, and if the median nerve is compressed, paresthesias are produced along its sensory area in the hand. This distribution includes the palmar surface and fingertips of the lateral 3.5 digits (thumb, index, middle, and the radial half of the ring finger). So a positive test indicates symptoms in the median nerve distribution distally. The other nerves have distinct distributions (ulnar to the little finger and ulnar half of the ring finger; radial to the dorsum of the hand and dorsal aspects of the lateral digits; musculocutaneous to the lateral forearm), which is why they don't fit the test's result.

3. During resisted straight leg test, pain in the anterior hip or groin indicates pathology of which structure?

A. Hip adductors

B. Hip flexors

C. Gluteus maximus

D. Quadriceps

The hip flexors are being tested. The resisted straight leg raise demands strong hip flexion with the leg kept straight, mainly engaging the iliopsoas group (and to some extent the rectus femoris). If pain is felt in the anterior hip or groin during this maneuver, it points to pathology of the hip flexors or their tendinous attachments, such as iliopsoas strain or tendinopathy. The other muscle groups are less likely: adductors cause inner-thigh pain and adduction weakness, gluteus maximus is involved in hip extension and would more likely produce posterior hip pain, and while the rectus femoris can flex the hip, groin pain during this resisted flexion most strongly implicates the hip flexors rather than the quadriceps overall.

4. In the cross straight leg raise test, which leg is flexed?

A. Involved leg

B. Uninvolved leg

C. Both legs

D. The knee of the uninvolved leg

In the cross straight leg raise, you flex the leg that is not currently symptomatic—the uninvolved leg. You raise that opposite leg with the other leg staying flat. If this maneuver reproduces the pain in the leg that is symptomatic, it signals contralateral nerve root irritation from a disc herniation, often a large one. The reason the uninvolved leg is the one flexed is that the test specifically looks for pain radiating in the opposite leg, which is a hallmark of this cross-pattern radiculopathy.

5. Which spinal level corresponds to knee extension?

A. L2

B. L3

C. L4

D. L5

Knee extension is driven by the quadriceps, which are innervated by the femoral nerve coming from the lower lumbar roots. Among these roots, the mid-lumbar myotome is the one most closely tied to knee-extension strength testing, so the L3 level best corresponds to this function. The quadriceps receive strongest input from this level, with L2 contributing mainly to hip flexion and L4 to ankle dorsiflexion, which helps differentiate knee extension from those other movements. Clinically, if knee extension is weak, it points toward involvement at this mid-lumbar level; preservation of hip flexion and ankle dorsiflexion would steer away from higher or lower levels.

6. In the shoulder abduction test, lifting the arm above the head relieves symptoms. This relief suggests which condition?

A. C5 radiculopathy

B. C6 radiculopathy

C. C7 radiculopathy

D. Brachial plexus neuritis

This is the Bakody sign: relief of radicular shoulder pain when the arm is placed overhead. Lifting the arm to the head reduces tension and loading on the cervical nerve roots, especially the upper ones, by changing the neck–shoulder geometry and decreasing foraminal compression. When the C5 root is irritated, this unloading often eases the radiating pain, making it a clue toward cervical radiculopathy at C5. If the problem were due to C6 or C7 radiculopathy, the pain pattern and response to this maneuver would align with those roots instead. Brachial plexus neuritis, being a peripheral nerve process, typically doesn't produce consistent relief with this positional unloading.

7. Which test is used to assess acromioclavicular joint injury?

A. Cross-arm (horizontal adduction) test

B. Resisted shoulder abduction test

C. Apprehension test

D. O'Brien test

Tests that put direct stress on the acromioclavicular joint are used to identify AC joint injury. The cross-arm (horizontal adduction) test does exactly that by having the patient place the arm across the chest and the examiner horizontally adducts it, compressing the AC joint. If this maneuver reproduces sharp pain or tenderness over the AC joint, it strongly suggests injury to the AC ligaments or the joint itself. Other shoulder tests target different structures. Resisted shoulder abduction mainly stresses the supraspinatus tendon and the deltoid rather than the AC joint. The apprehension test assesses glenohumeral joint instability, not AC pathology. The O'Brien test is more commonly used to evaluate labral pathology, though it can provoke AC joint pain in some cases, it is less specific for AC joint injury than the cross-arm test.

8. Which screening test reproduces paresthesias in carpal tunnel syndrome?

A. Tinel sign

B. Phalen test

C. Froment's sign

D. Finkelstein test

Phalen maneuver reproduces paresthesias in carpal tunnel syndrome. By flexing the wrists fully against each other for about a minute, the pressure inside the carpal tunnel increases and compresses the median nerve, provoking symptoms in its distribution (thumb, index, middle finger, and radial half of the ring finger). This simple test is a classic screening maneuver for CTS. By contrast, Tinel sign involves tapping over the carpal tunnel to elicit symptoms, Froment's sign detects ulnar nerve weakness of the adductor pollicis, and the Finkelstein test screens for De Quervain tenosynovitis.

9. Anatomical snuff box palpation is used to assess for which injury?

A. Scaphoid fracture

B. Lunate dislocation

C. Bennett's fracture

D. Hook of hamate fracture

Tenderness in the anatomical snuff box points to a scaphoid fracture because the scaphoid sits in the floor of this triangular hollow between the tendons of the thumb. When the scaphoid is fractured, pressing in this area reproduces pain, making snuff box tenderness a highly sensitive sign after a fall on an outstretched hand. Imaging may be normal early on, so recognizing this sign is crucial to avoid missing a fracture; immobilization in a thumb spica cast and follow-up with MRI or CT if needed helps prevent complications like nonunion or avascular necrosis due to the scaphoid's precarious blood supply. Lunate dislocation typically presents with more dramatic carpal instability and possible median nerve symptoms rather than focal snuff box tenderness. A Bennett's fracture involves the base of the first metacarpal at the thumb's carpometacarpal joint, with pain localized at the thumb base, not the snuff box. Hook of hamate fracture causes ulnar-sided hand pain, often with grip weakness and tenderness at the hypothenar area, not in the snuff box.

10. Which physical sign is most predictive of ligamentous knee instability?

A. Positive Lachman test

B. Joint line tenderness

C. Positive ligamentous stability tests (Lachman, anterior drawer, posterior drawer) with laxity

D. Positive McMurray sign

Ligamentous knee instability shows up when the knee demonstrates laxity across several stability tests, not just one. If the Lachman, anterior drawer, and posterior drawer tests all show laxity, it means the major ligaments—ACL, PCL, and surrounding stabilizers—are not resisting translation and rotation as they should. That pattern indicates true, global ligamentous instability rather than a localized issue. A single positive sign like Lachman points to ACL injury, but doesn't by itself prove instability through all the knee ligaments. Joint line tenderness and a McMurray sign point more toward meniscal problems rather than overall ligamentous laxity, so they're less predictive of general instability.

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!