

ORTHOPEDIC, PSYCHIATRIC, ENDOCARDITIS PHYSICAL PRACTICE EXAM (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. During the McMurray test, pain or a click with varus stress and internal rotation suggests tear of which meniscus?
 - A. Lateral meniscus tear
 - B. Medial meniscus tear
 - C. ACL tear
 - D. MCL tear
2. Which test reproduces carpal tunnel symptoms by maintaining wrist flexion?
 - A. Tinel sign
 - B. Phalen test
 - C. Froment's sign
 - D. Finkelstein test
3. In the O'Brien test, pain with the arm in pronation that is relieved in supination suggests which diagnosis?
 - A. SLAP tear
 - B. AC joint pathology
 - C. Biceps tenosynovitis
 - D. Rotator cuff tear
4. During Faber's (Patrick's) test, which finding indicates sacroiliac joint pain?
 - A. Buttock pain
 - B. Groin pain
 - C. Anterior thigh pain
 - D. Knee pain
5. Which spinal level corresponds to knee extension?
 - A. L2
 - B. L3
 - C. L4
 - D. L5

6. MoCA abstraction assesses which ability?

- A. Similarities
- B. Sequence memory
- C. Serial calculations
- D. Verbal fluency

7. A positive drop arm test is most consistent with which condition?

- A. Rotator cuff tear
- B. Adhesive capsulitis
- C. Impingement syndrome
- D. Biceps tendinopathy

8. Which action is spared in isolated deep peroneal nerve injury?

- A. Eversion of the foot
- B. Dorsiflexion
- C. Toe extension
- D. Plantarflexion

9. Which sign is characteristic of deep peroneal nerve injury?

- A. Loss of sensation on the sole of the foot
- B. Claudication in the posterior calf
- C. Loss of sensation between first and second toes with dorsiflexion weakness
- D. Weak plantarflexion

10. Which nerve is most closely associated with the Trendelenburg sign?

- A. Superior gluteal nerve
- B. Inferior gluteal nerve
- C. Sciatic nerve
- D. Femoral nerve

Answers

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

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Explanations

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1. During the McMurray test, pain or a click with varus stress and internal rotation suggests tear of which meniscus?

- A. Lateral meniscus tear**
- B. Medial meniscus tear
- C. ACL tear
- D. MCL tear

During the McMurray test, rotating the tibia and applying varus or valgus stress while the knee moves through flexion and extension stresses the menisci differently. When the tibia is rotated internally and varus stress is applied, the lateral meniscus is loaded between the femoral and tibial surfaces. If there is a tear, the torn edge can snap or cause pain as it catches, producing a click and pain. This pattern specifically points to a lateral meniscal tear. In contrast, external rotation with valgus stress would stress the medial meniscus and produce a similar sign if it were torn. Tears of the ACL or MCL cause instability or laxity with specific tests rather than the mechanical click on this maneuver.

2. Which test reproduces carpal tunnel symptoms by maintaining wrist flexion?

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

Phalen maneuver reproduces carpal tunnel symptoms by holding the wrist in full flexion. When the wrist is flexed, the carpal tunnel narrows and intratunnel pressure rises, compressing the median nerve. This transient compression often produces numbness, tingling, or paresthesias in the median-nerve distribution (thumb, index, middle, and the radial half of the ring finger), typically within about a minute of the position being held. The test is positive when these symptoms are evoked in this flexed position. In contrast, tapping over the median nerve (Tinel sign) tests for nerve irritation at the nerve as it passes the carpal tunnel but doesn't specifically rely on sustained flexion; Froment's sign evaluates ulnar nerve function with weakness of the adductor pollicis, and Finkelstein's test assesses De Quervain's tenosynovitis, a different pathology.

3. In the O'Brien test, pain with the arm in pronation that is relieved in supination suggests which diagnosis?

- A. SLAP tear**
- B. AC joint pathology
- C. Biceps tenosynovitis
- D. Rotator cuff tear

The test targets the superior labrum and the biceps anchor inside the shoulder joint. When the arm is flexed to about 90 degrees, adducted, and the forearm is pronated, a SLAP tear makes the intra-articular structures more likely to hurt. If you then supinate the forearm, the tension on the biceps anchor decreases and the pain often improves. That pronation-agonist pain relieved by supination points to intra-articular labral pathology rather than extra-articular issues. Rotator cuff tears typically show weakness or pain with specific resisted motions rather than a rotation-dependent pain pattern; biceps tenosynovitis tends to produce tenderness along the bicipital groove and different tendon-specific tests; AC joint pathology produces pain localized to the AC joint and with cross-body adduction. So the pronation pain relieved by supination pattern is most consistent with a SLAP tear.

4. During Faber's (Patrick's) test, which finding indicates sacroiliac joint pain?

- A. Buttock pain**
- B. Groin pain
- C. Anterior thigh pain
- D. Knee pain

The FABER (Patrick) test places the hip in flexion, abduction, and external rotation to stress the sacroiliac joint. A positive finding is pain reproduced in the buttock or sacroiliac region when the leg is pressed down, which points to sacroiliac joint pain. Groin pain would more likely indicate hip joint involvement, anterior thigh pain can relate to nerve or hip issues, and knee pain is not typical for SI joint pathology. Therefore, buttock pain during this maneuver best indicates sacroiliac joint pain.

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. MoCA abstraction assesses which ability?

- A. Similarities**
- B. Sequence memory
- C. Serial calculations
- D. Verbal fluency

MoCA abstraction tests your ability to think abstractly by asking you to state how two items are alike. This requires identifying a shared concept or underlying relationship, not just recalling facts, performing math, or naming words quickly. Recognizing similarities demonstrates conceptual thinking and the ability to form abstractions, which is exactly what this part of the test is designed to measure. Sequence memory would involve holding and recalling a sequence, serial calculations focus on arithmetic processing, and verbal fluency taps language production; none of these assess the abstract relational reasoning that the similarity task targets.

7. A positive drop arm test is most consistent with which condition?

- A. Rotator cuff tear**
- B. Adhesive capsulitis
- C. Impingement syndrome
- D. Biceps tendinopathy

The drop arm test targets the rotator cuff, especially the supraspinatus. When the arm is lifted to 90 degrees of abduction, a healthy cuff can eccentrically control the descent. If the arm cannot be held in that position or suddenly drops as you lower it, that weakness points to a rotator cuff tear. This makes the finding most consistent with a rotator cuff tear (often a full-thickness tear). Adhesive capsulitis would limit motion in multiple directions, not specifically cause a drop in this maneuver; impingement causes pain with movement but not a failure to control lowering; biceps tendinopathy presents with anterior shoulder pain and biceps-focused provocative tests rather than a drop arm sign.

8. Which action is spared in isolated deep peroneal nerve injury?

- A. Eversion of the foot
- B. Dorsiflexion
- C. Toe extension
- D. Plantarflexion**

When a deep peroneal nerve injury is isolated, the muscles it supplies in the anterior compartment are affected. Those muscles enable dorsiflexion of the foot and extension of the toes (tibialis anterior, extensor digitorum longus, extensor hallucis longus). Plantarflexion, on the other hand, is mainly carried out by the posterior compartment through the tibial nerve (gastrocnemius and soleus), so it remains intact. Eversion is primarily controlled by the superficial peroneal nerve, which is not affected in an isolated deep peroneal injury, so it can also be preserved. Therefore, plantarflexion is the action that stays spared.

9. Which sign is characteristic of deep peroneal nerve injury?

- A. Loss of sensation on the sole of the foot
- B. Claudication in the posterior calf
- C. Loss of sensation between first and second toes with dorsiflexion weakness**
- D. Weak plantarflexion

Deep peroneal nerve injury classically presents with both sensory loss in the small area between the first and second toes and weakness of dorsiflexion, because this nerve supplies the muscles that lift the foot (anterior compartment) and provides sensation to that web space. The web-space sensation is a distinctive clue for this nerve. Loss of sensation on the sole points to the tibial/plantar nerves, not the deep peroneal. Claudication in the posterior calf suggests vascular or posterior compartment issues rather than a specific nerve injury. Weak plantarflexion involves the tibial nerve's innervation of the gastrocnemius and soleus. So the combination described—loss of sensation between the first and second toes with dorsiflexion weakness—best fits a deep peroneal nerve injury.

10. Which nerve is most closely associated with the Trendelenburg sign?

A. Superior gluteal nerve

B. Inferior gluteal nerve

C. Sciatic nerve

D. Femoral nerve

Trendelenburg sign reflects weakness of the hip abductors, especially gluteus medius and gluteus minimus, which stabilize the pelvis during single-leg stance. These muscles are supplied primarily by the superior gluteal nerve. When the stance-side abductors are weak, the pelvis drops on the opposite side as you stand on one leg, producing a positive Trendelenburg sign. The other nerves—inferior gluteal (gluteus maximus), sciatic (posterior thigh/leg), and femoral (quadriceps)—do not primarily control this lateral pelvic stabilization, so they're less implicated in this sign.

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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:

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

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