

ORTHOTICS AND PROSTHETICS COMBINED WRITTEN BOARDS PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS



VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://orthoticsprostheticscombined.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. What are the actions of the flexor carpi ulnaris muscle?**
 - A. Wrist extension and abduction
 - B. Wrist flexion and adduction
 - C. Wrist flexion and medial rotation
 - D. Wrist extension and lateral rotation

- 2. For a patient with a flaccid ankle, what is the appropriate setup for the double action ankle joint?**
 - A. Pins in posterior channel
 - B. Pins in anterior and posterior channels
 - C. Springs in the posterior channel
 - D. Pins only in the anterior channel

- 3. Which function do the lumbricals serve in finger movement?**
 - A. Flexion at PIP and extension at DIP
 - B. Flexion at MP and extension at PIP and DIP
 - C. Extension at MP and flexion at PIP
 - D. Abduction at MP and adduction at PIP

- 4. What type of orthosis is recommended for a patient with skin grafts in the axillary region?**
 - A. Shoulder abduction orthosis
 - B. Wrist cockup orthosis
 - C. Long arm orthosis
 - D. Elbow flexion orthosis

- 5. Which condition is a contra-indication for the use of a rigid LSO?**
 - A. Recent major abdominal surgery
 - B. Spinal cord injury
 - C. Diabetes
 - D. Osteoporosis

- 6. Which brachial plexus injury involves C8-T1 and is characterized by decreased wrist and hand function?**
- A. Erb's Palsy
 - B. Klumpke's Palsy
 - C. Median Nerve Injury
 - D. Radial Nerve Injury
- 7. Why is a CTLSO: Milwaukee not recommended for a person with a paralytic spine?**
- A. The patient cannot provide active forces necessary for correction
 - B. The orthosis is too heavy for mobility
 - C. It restricts necessary spinal motion
 - D. The patient lacks adequate trunk support
- 8. What is the primary function associated with the C8 myotome?**
- A. Wrist flexion
 - B. Finger flexion
 - C. Elbow flexion
 - D. Shoulder elevation
- 9. Which condition results from avascular necrosis of the proximal femoral head in children?**
- A. Slipped Capital Femoral Epiphysis
 - B. Leg-Calve-Perthes Disease
 - C. Blount's Disease
 - D. Scheuermann's Disease
- 10. What is the recommended intervention for a patient with an ankle sprain to facilitate recovery?**
- A. Immediate weight-bearing activities
 - B. Use of a removable brace
 - C. Prolonged immobilization
 - D. Heat therapy immediately after injury

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What are the actions of the flexor carpi ulnaris muscle?

- A. Wrist extension and abduction
- B. Wrist flexion and adduction**
- C. Wrist flexion and medial rotation
- D. Wrist extension and lateral rotation

The flexor carpi ulnaris muscle plays a key role in wrist movement, specifically contributing to wrist flexion and adduction. Wrist flexion refers to the action of decreasing the angle between the hand and the forearm, bringing the palm closer to the inner forearm. Adduction of the wrist involves moving the hand closer to the midline of the body, aligning it with the ulnar side (the side of the little finger) of the forearm. Understanding the anatomical location and function of the flexor carpi ulnaris is crucial. This muscle originates from the medial epicondyle of the humerus and the olecranon of the ulna, allowing it to effectively perform its actions. Its primary function as a flexor of the wrist also highlights its role in stabilizing the wrist during gripping or lifting activities, particularly when the hand is positioned in a ulnar-deviated posture. In contrast, the other options describe movements that are not associated with the flexor carpi ulnaris. For example, wrist extension relates to increasing the angle between the hand and forearm, actions typically performed by the extensor muscles. Similarly, medial and lateral rotation refer to movements in the longitudinal axis that are not characteristic

2. For a patient with a flaccid ankle, what is the appropriate setup for the double action ankle joint?

- A. Pins in posterior channel
- B. Pins in anterior and posterior channels**
- C. Springs in the posterior channel
- D. Pins only in the anterior channel

In the context of managing a patient with a flaccid ankle, utilizing a double action ankle joint involves a specific setup that addresses the lack of muscle tone and stability. When the pins are set in both the anterior and posterior channels, it allows for a balanced control of dorsiflexion and plantarflexion. This dual anchoring provides stability in both directions, essential for patients who may have impaired neuromuscular control. By placing pins in both channels, the joint can resist unwanted movements in either direction while still allowing for some functional motion. This is particularly important for a flaccid ankle, which lacks the necessary muscle support to maintain proper alignment and function. The anterior pin provides stability against excessive dorsiflexion, while the posterior pin helps resist excessive plantarflexion, thereby offering a controlled range of motion. In summary, using pins in both the anterior and posterior channels maximizes stability and support, crucial for someone with a flaccid ankle, enabling them to gain better control and function.

3. Which function do the lumbricals serve in finger movement?

- A. Flexion at PIP and extension at DIP
- B. Flexion at MP and extension at PIP and DIP**
- C. Extension at MP and flexion at PIP
- D. Abduction at MP and adduction at PIP

The lumbricals play a critical role in the intricate movements of the fingers, particularly in facilitating the flexion and extension of the digits at the metacarpophalangeal (MCP) joints and the interphalangeal (IP) joints. Specifically, the primary function of the lumbrical muscles is to enable flexion at the MCP joints while simultaneously allowing for extension at the proximal interphalangeal (PIP) and distal interphalangeal (DIP) joints. This is crucial for precision grip and manipulating objects, as it allows the fingers to flex at their base while maintaining extension of the middle and distal segments, providing both stability and dexterity. In contrast, the other options do not accurately describe this coordinated movement. For example, while some options suggest flexion and extension at various joints, they either misplace the flexion or extension or suggest actions that the lumbricals do not perform with respect to specific joints. Thus, option B accurately encapsulates the functional role of the lumbrical muscles in the coordination of finger movements during grasping and manipulation tasks.

4. What type of orthosis is recommended for a patient with skin grafts in the axillary region?

- A. Shoulder abduction orthosis**
- B. Wrist cockup orthosis
- C. Long arm orthosis
- D. Elbow flexion orthosis

A shoulder abduction orthosis is recommended for a patient with skin grafts in the axillary region due to its ability to maintain proper joint positioning and tension on the skin graft. After a skin graft procedure, especially in areas like the axilla, there is a significant risk of scar tissue formation, which can lead to contractures and restricted movement. The shoulder abduction orthosis helps to hold the shoulder in an abducted position, which decreases the risk of lateral involvement of the graft and allows for optimal healing of the skin while preventing excessive tension on the graft site. This orthosis facilitates healing by reducing friction and pressure on the grafted skin, promoting a conducive environment for the graft to integrate with the surrounding tissues. By maintaining the arm in abduction, it not only helps in healing the skin graft but also aids in preserving the functional range of motion of the shoulder and upper extremity during the recovery phase. This is particularly important in the axillary region, where mobility and function are critical for daily activities. Other types of orthoses, like wrist cockup or elbow flexion orthoses, do not address the specific needs of the axillary region and might even compromise the healing of the grafts by placing undue stress in areas that require support

5. Which condition is a contra-indication for the use of a rigid LSO?

A. Recent major abdominal surgery

B. Spinal cord injury

C. Diabetes

D. Osteoporosis

A rigid lumbar sacral orthosis (LSO) is primarily used to support the lumbar spine and restrict motion, often indicated following surgical procedures or significant injuries. However, recent major abdominal surgery is a critical contraindication for its use. After such surgeries, the abdominal area may be healing from large incisions or internal procedures, and placing a rigid orthosis can impose excessive pressure on the abdomen. This pressure might result in complications such as disrupted healing, increased pain, or even damage to internal organs. The need to avoid any excessive movement or strain on the abdominal wall during the recovery period is vital, making the use of a rigid LSO inappropriate until healing has progressed sufficiently. Other conditions mentioned, such as spinal cord injury, diabetes, and osteoporosis, might require careful consideration when fitting a patient for an orthosis but do not generally constitute outright contraindications. In cases of spinal cord injury, an LSO may even be beneficial for stability. Individuals with diabetes and osteoporosis must be monitored for their overall health and any potential complications, but these conditions do not inherently prevent the use of a rigid LSO.

6. Which brachial plexus injury involves C8-T1 and is characterized by decreased wrist and hand function?

A. Erb's Palsy

B. Klumpke's Palsy

C. Median Nerve Injury

D. Radial Nerve Injury

The brachial plexus injury characterized by involvement of the C8 to T1 nerve roots, leading to decreased wrist and hand function, is known as Klumpke's Palsy. This type of injury typically results from excessive lateral traction on the arm during delivery in infants or from trauma in adults. The primary impairment associated with Klumpke's Palsy is the weakness or paralysis of the intrinsic muscles of the hand and forearm, causing significant functional limitations such as difficulty with gripping and fine motor skills. This condition specifically affects the ulnar and median nerves, which are responsible for the motor control and sensory function within the hand. As a result, individuals may present with a characteristic "claw hand" deformity due to the imbalance created by the muscle weakness. In contrast, other conditions like Erb's Palsy primarily involve the upper roots of the brachial plexus (C5-C7) and typically affect shoulder and arm function rather than the hand. Median and radial nerve injuries pertain to more localized damage and different functional deficits, but Klumpke's Palsy distinctly influences the lower roots of the brachial plexus, underscoring the specific nature of wrist and hand function impairment associated with this injury.

7. Why is a CTLSO: Milwaukee not recommended for a person with a paralytic spine?

- A. The patient cannot provide active forces necessary for correction**
- B. The orthosis is too heavy for mobility
- C. It restricts necessary spinal motion
- D. The patient lacks adequate trunk support

A CTLSO (Cervical-Thoraco-Lumbo-Sacral Orthosis), specifically the Milwaukee type, is designed to provide support and immobilization for the spine in cases such as scoliosis or other spinal deformities. It requires the patient to generate some active forces through muscle engagement to assist in spinal correction and to benefit from the orthotic device. When dealing with a person who has a paralytic spine, there is a significant absence of voluntary muscle control in areas where the orthosis is intended to work. This lack of active muscular forces means that the corrective capabilities of the Milwaukee orthosis cannot be effectively used, rendering the device ineffective. Therefore, it becomes clear that without the patient's ability to produce the necessary active forces, the orthosis cannot fulfill its intended purpose of spinal alignment and correction. The implications of this situation include not only the potential ineffectiveness of treatment but also the risk of discomfort, malalignment, or decreased mobility due to the device being improperly suited to the patient's specific needs.

8. What is the primary function associated with the C8 myotome?

- A. Wrist flexion
- B. Finger flexion**
- C. Elbow flexion
- D. Shoulder elevation

The primary function associated with the C8 myotome is finger flexion. This is because the C8 nerve root specifically innervates the muscles responsible for flexing the fingers, notably the flexor digitorum profundus and flexor digitorum superficialis. These muscles are crucial for the bending of the finger joints, which is essential for grasping and manipulating objects. Understanding the role of the C8 myotome is essential in assessing motor function and diagnosing potential nerve injuries. In clinical practice, evaluating finger flexion can provide insights into the integrity of the C8 nerve root and help guide treatment decisions. The ability to flex the fingers is also important for daily functions such as writing, typing, and other fine motor tasks.

9. Which condition results from avascular necrosis of the proximal femoral head in children?

- A. Slipped Capital Femoral Epiphysis
- B. Leg-Calve-Perthes Disease**
- C. Blount's Disease
- D. Scheuermann's Disease

Legg-Calve-Perthes Disease is characterized by avascular necrosis of the proximal femoral head, primarily affecting children. In this condition, there is a disruption of the blood supply to the femoral head, which leads to bone tissue death and subsequent deformation of the hip joint. The process is typically seen in children aged 4 to 8 years, and it can result in pain, limping, and decreased range of motion in the hip. The condition is recognized through its unique progression, where initial symptoms may include hip or groin pain that can radiate to the thigh or knee. Over time, as the disease progresses, the bone undergoes changes that may lead to joint erosion or deformity. The management of Legg-Calve-Perthes Disease often involves non-surgical methods, including activity modification and physical therapy, although surgical interventions may be required in more severe cases. This distinguishes it from the other conditions listed. Slipped Capital Femoral Epiphysis, for example, involves a displacement of the femoral head but is not primarily a result of avascular necrosis. Blount's Disease relates to growth disturbances of the tibia leading to bowing of the legs, and Scheuermann's Disease pertains

10. What is the recommended intervention for a patient with an ankle sprain to facilitate recovery?

- A. Immediate weight-bearing activities
- B. Use of a removable brace**
- C. Prolonged immobilization
- D. Heat therapy immediately after injury

The use of a removable brace for a patient with an ankle sprain is a recommended intervention as it provides necessary support to the affected ligament while allowing for some degree of mobility, which is crucial for recovery. A removable brace aids in stabilization, reducing the risk of further injury, and supports the healing process by alleviating pain and promoting functional use of the ankle. Additionally, a removable brace can be adjusted according to the patient's comfort and level of swelling, enabling gradual progression in activity as healing occurs. It allows for a controlled environment that can foster a quicker return to normal activities without restricting mobility for an extended period. In contrast, strategies like prolonged immobilization might lead to stiffness and a delayed recovery process, while immediate weight-bearing activities could exacerbate the injury if done prematurely. Likewise, applying heat therapy immediately after an injury is generally not advisable, as it can increase swelling and inflammation rather than facilitate recovery. Hence, using a removable brace plays a pivotal role in the rehabilitation of an ankle sprain by balancing support and mobility effectively.

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://orthoticsprostheticscombined.examzify.com>

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

SAMPLE