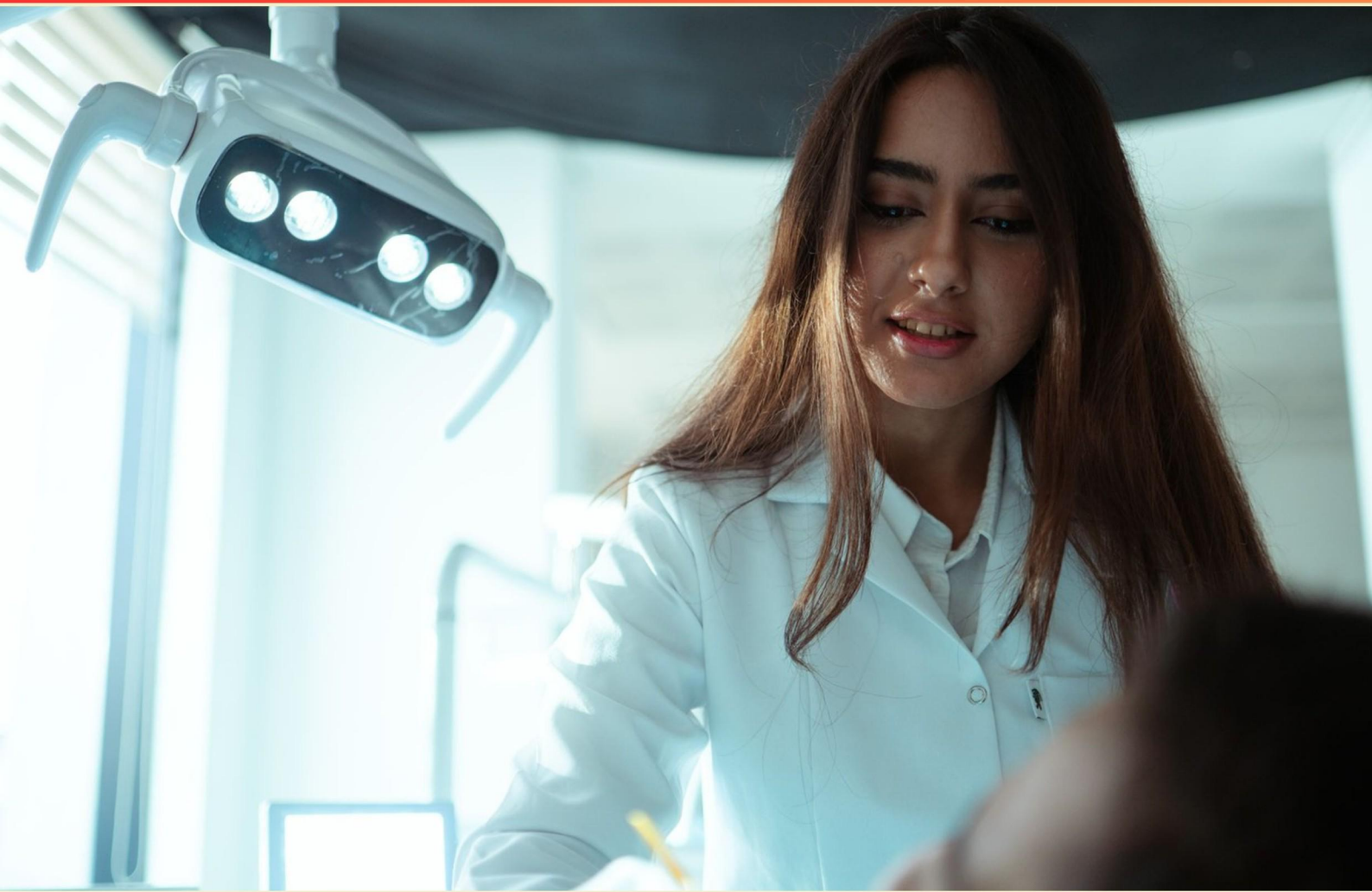


OSCE ON-GROUND PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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 size of the apical impulse?**
 - A. Approximately 1 cm (rib space)
 - B. Approximately 2 cm (two rib spaces)
 - C. Approximately 0.5 cm
 - D. Approximately 3 cm (three rib spaces)
- 2. Bragard Sign is positive for which condition?**
 - A. Lumbar disc herniation
 - B. Facet joint irritation
 - C. Sacroiliac dysfunction
 - D. Sciatic radiculopathy
- 3. Which statement correctly describes a normal palpation of the skull?**
 - A. Tenderness and swelling are normal findings
 - B. The skull is smooth and symmetrical
 - C. Indentation or depressions are normal
 - D. The skull is highly irregular
- 4. Which signs are checked when testing Cranial Nerve XII (hypoglossal) function?**
 - A. Fasciculations, atrophy, and deviation
 - B. Gag reflex and tongue sensation
 - C. Hearing and balance
 - D. Visual fields
- 5. During knee palpation, which area corresponds to the pes Anserine Area (Gracilis, Sartorius, Semitendinosus)?**
 - A. Medial Collateral Ligament
 - B. Pes Anserine Area (Gracilis, Sartorius, Semitendinosus)
 - C. Popliteal Fossa
 - D. Medial Meniscus

- 6. Which reflexes are included in cranial nerve II testing?**
- A. Direct light reflex, corneal reflex, gag reflex
 - B. Accommodation, convergence, pupil dilation
 - C. Direct light reflex, Indirect light reflex, Accommodation
 - D. Night vision reaction, pupil dilation, accommodation
- 7. Kidney entrapment: A positive sign indicates which condition?**
- A. Breathe out and hold
 - B. Increased pain over the kidney
 - C. Decreased pain over the kidney
 - D. Painful nodules
- 8. Which percussion sound indicates the location of the fundus of the stomach?**
- A. Dullness
 - B. Resonant to tympanic
 - C. Hyperresonant
 - D. Flat
- 9. On Libman Sign, what does a positive finding indicate about the patient's pain threshold?**
- A. Low pain threshold
 - B. Normal pain threshold
 - C. Pain threshold variability; possible malingering
 - D. Pain threshold consistent across trials
- 10. A positive Apley test indicates which condition?**
- A. Degenerative tendinitis of rotator cuff tendons (supraspinatus)
 - B. Bicipital tendonitis
 - C. Adhesive capsulitis
 - D. AC joint osteoarthritis

Answers

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

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Explanations

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1. What is the normal size of the apical impulse?

- A. Approximately 1 cm (rib space)**
- B. Approximately 2 cm (two rib spaces)
- C. Approximately 0.5 cm
- D. Approximately 3 cm (three rib spaces)

The apical impulse is the left ventricle's systolic thrust felt at the apex. In a normal adult, this impulse is small and localized, about 1 cm in diameter—roughly the width of a fingertip—usually located at the left midclavicular line around the 5th intercostal space. This tiny size reflects a normal-sized ventricle; when the impulse is larger (around 2 cm or more) or displaced laterally, it suggests left ventricular enlargement or other cardiac issues. So the normal size is approximately 1 cm.

2. Bragard Sign is positive for which condition?

- A. Lumbar disc herniation
- B. Facet joint irritation
- C. Sacroiliac dysfunction
- D. Sciatic radiculopathy**

Bragard sign tests for sciatic radiculopathy due to nerve root irritation from a lumbar disc herniation. When you straighten the leg to provoke pain and then dorsiflex the ankle, if the pain is amplified or reproduced, it points to nerve root irritation rather than purely musculoskeletal tightness. The dorsiflexion stretches the sciatic nerve and its roots, revealing radicular pain that travels down the leg in a dermatomal pattern. This makes the sign helpful for distinguishing radicular nerve involvement from conditions that cause local back or buttock pain, such as facet joint irritation or sacroiliac dysfunction, which do not typically produce the same reproducible leg radiation with nerve tension maneuvers.

3. Which statement correctly describes a normal palpation of the skull?

- A. Tenderness and swelling are normal findings
- B. The skull is smooth and symmetrical**
- C. Indentation or depressions are normal
- D. The skull is highly irregular

A normal skull palpation shows a smooth, symmetrical contour without tenderness or swelling. As you gently feel from the forehead back to the occipital region, the bone surface should be uniform and free of lumps, depressions, or irregularities. Tenderness would raise concern for inflammation, infection, or fracture, and swelling or noticeable irregularities suggest trauma or underlying pathology. In adults, indentations or noticeable asymmetry are not expected, so describing the skull as smooth and symmetrical captures the normal finding.

4. Which signs are checked when testing Cranial Nerve XII (hypoglossal) function?

A. Fasciculations, atrophy, and deviation

B. Gag reflex and tongue sensation

C. Hearing and balance

D. Visual fields

Testing the hypoglossal nerve focuses on the tongue's motor function. Since this nerve controls the tongue muscles, you assess how the tongue moves and what signs appear on the tongue itself. When the patient sticks out the tongue, a normal tongue stays midline. If there's weakness on one side, the tongue deviates toward the weaker side. You also look for fasciculations (twitches) and atrophy (wasting) of the tongue muscles, which signal denervation from a hypoglossal nerve issue. These signs—fasciculations, atrophy, and deviation—together reflect CN XII function. The gag reflex and tongue sensation involve other cranial nerves (glossopharyngeal/vagus and trigeminal), hearing and balance involve the vestibulocochlear nerve, and visual fields involve the optic nerve, so they aren't part of CN XII testing.

5. During knee palpation, which area corresponds to the pes Anserine Area (Gracilis, Sartorius, Semitendinosus)?

A. Medial Collateral Ligament

B. Pes Anserine Area (Gracilis, Sartorius, Semitendinosus)

C. Popliteal Fossa

D. Medial Meniscus

Palpation here is about locating the pes anserine region on the medial knee, where three tendons converge. The pes anserinus is the insertion point on the medial proximal tibia for the gracilis, sartorius, and semitendinosus muscles. You feel this area on the medial side just below the knee joint line, where these tendons attach to the tibia (roughly a couple of centimeters below the joint line). This location is distinct from other nearby structures: the medial collateral ligament runs higher up along the inner knee, the popliteal fossa is behind the knee, and the medial meniscus lies inside the joint space. Therefore, the described area corresponds to the pes anserine region because that is exactly where those three tendons insert and where tenderness or bursa irritation is assessed.

6. Which reflexes are included in cranial nerve II testing?

A. Direct light reflex, corneal reflex, gag reflex

B. Accommodation, convergence, pupil dilation

C. Direct light reflex, Indirect light reflex, Accommodation

D. Night vision reaction, pupil dilation, accommodation

The key idea is that cranial nerve II supplies the sensory input for the two main reflexes used to assess it: the pupillary light reflex and the accommodation near response. For the pupillary light reflex, shining light into one eye triggers constriction of both pupils. This direct response tests the afferent limb provided by the optic nerve, while the constriction of the opposite pupil (the indirect or consensual response) confirms the same pathway and the brain's ability to coordinate the reflex. In the accommodation near response, looking from far to near also begins with optic-nerve input; the brain then drives the eye's adjusting muscles via the oculomotor nerve to accommodate the near object, which includes lens increase and pupil constriction as part of the near triad. So the reflexes that are tested with CN II are both the direct and indirect (consensual) light reflexes and the accommodation response. Other reflexes in a neuro exam involve different nerves—such as the corneal reflex (trigeminal and facial nerves) or the gag reflex (glossopharyngeal and vagus)—and pupil dilation is a sympathetic, not a CN II-mediated, process.

7. Kidney entrapment: A positive sign indicates which condition?

- A. Breathe out and hold
- B. Increased pain over the kidney**
- C. Decreased pain over the kidney
- D. Painful nodules

A positive kidney entrapment sign means that applying pressure or palpating over the kidney area increases the patient's pain, indicating irritation or pathology of the kidney or its surrounding tissues. The renal capsule and perirenal structures are sensitive to touch, so when they're inflamed or strained, the act of palpation provokes more pain localized to the kidney region. This localized tenderness helps differentiate renal sources of flank or abdominal pain from non-renal causes. A sign based on breathing maneuvers doesn't specifically reflect renal tenderness, and decreased pain or the presence of painful nodules would point to different conditions rather than renal involvement.

8. Which percussion sound indicates the location of the fundus of the stomach?

- A. Dullness
- B. Resonant to tympanic**
- C. Hyperresonant
- D. Flat

Percussion notes in the abdomen reflect what fills the underlying space. The fundus of the stomach is an air-filled chamber that sits high beneath the left diaphragm, so when you percuss that area you hear a tympanic, hollow drum-like sound. That tympany marks the location of the stomach's fundus, distinguishing it from solid or fluid-filled structures (which give dull notes) or from very excessive air in the bowel (which can produce a louder, more resonant or hyperresonant sound). The idea that helps identify the fundus is this tympanic percussion note over that left upper quadrant region.

9. On Libman Sign, what does a positive finding indicate about the patient's pain threshold?

- A. Low pain threshold
- B. Normal pain threshold
- C. Pain threshold variability; possible malingering**
- D. Pain threshold consistent across trials

Libman sign focuses on how consistently a patient reports pain when the same stimulus is repeated. In genuine pain, the pain threshold tends to be fairly stable across identical trials. A positive Libman sign means the patient's reported pain varies from one trial to the next—some trials elicit pain reports and others do not, or the intensity changes substantially despite identical stimuli. This variability suggests that the pain report may not reflect true tissue damage and raises suspicion for malingering or non-organic pain behavior. If the pain threshold were truly low, truly normal, or remained constant across trials, that would not produce a positive Libman sign.

10. A positive Apley test indicates which condition?

A. Degenerative tendinitis of rotator cuff tendons (supraspinatus)

B. Bicipital tendonitis

C. Adhesive capsulitis

D. AC joint osteoarthritis

The Apley scratch test assesses shoulder girdle mobility and rotator cuff function, especially the supraspinatus tendon. To perform it, the patient reaches the hand to touch the opposite shoulder and then reaches behind the head to touch the opposite scapula; pain or inability to complete these movements suggests rotator cuff involvement. When this test is positive, it most often indicates degenerative tendinopathy of the rotator cuff tendons, with the supraspinatus being the tendon most commonly affected, because these motions rely on the supraspinatus for initiating abduction and stabilizing the shoulder. Other conditions tend to present with different Patterns: bicipital tendonitis usually shows anterior shoulder pain and tenderness at the bicipital groove with resisted forearm flexion or supination; adhesive capsulitis (frozen shoulder) causes global, progressive loss of motion in all directions; AC joint osteoarthritis presents with localized AC joint pain, especially with cross-body adduction.

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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://osceonground.examzify.com>

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

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