

OSTEOPATHIC MANIPULATIVE MEDICINE (OMM) PRINCIPLES AND PRACTICE OF OSTEOPATHIC MEDICINE II (PPOM II) PRACTICAL 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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

<https://ommpom2practical1.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	15

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. The thoracic BLT for T1-2 described as a Non Neutral Type II is exemplified by which description?**
 - A. BLT of Thoracic Spine T1-2: Non Neutral Type II
 - B. BLT of Thoracic Spine: T4-12 Neutral Type I dysfunctions, supine
 - C. BLT of Thoracic Spine: T4-12 Neutral Type I dysfunctions, seated
 - D. BLT of Lumbosacral spine L5-S1 Dysfunction, Supine
- 2. Which Cranial OMM technique includes 'Flexion' in its name?**
 - A. Cranial OMM: Extension Hand Placements
 - B. Cranial OMM: Lateral Strain Hand Placements
 - C. Cranial OMM: Flexion Hand Placements
 - D. Cranial OMM: Rotation Hand Placements
- 3. Rib Counterstrain AR1-2 is performed with the ribs in which phase?**
 - A. Inhaled
 - B. Exhaled
 - C. Neutral
 - D. Both inhaled and exhaled
- 4. Motion testing in this context is used to assess the mobility of which joint?**
 - A. Glenohumeral Joint
 - B. Scapulothoracic Joint
 - C. AC Joint
 - D. SC Joint
- 5. The Spencer Technique sequence is primarily applied to which region?**
 - A. Elbow
 - B. Wrist
 - C. Neck
 - D. Shoulder Girdle

- 6. MET for a Superior Iliac-Pelvic Shear-SUPINE: On the last go, what instruction is given to the patient?**
- A. Inhale deeply, then cough.
 - B. Hold breath for 5 seconds.
 - C. Exhale forcefully through pursed lips.
 - D. Inhale and exhale normally for 30 seconds.
- 7. During Counterstrain AL5, the practitioner should stand on which side relative to the tender point?**
- A. Same side
 - B. Opposite side
 - C. Stand on the table
 - D. No mention
- 8. Counterstrain technique AT1-6 requires which motion?**
- A. Flexion to the dysfunction level
 - B. Extension to the dysfunction level
 - C. Rotation toward the dysfunction
 - D. Side bending away from the dysfunction
- 9. Counterstrain AL1 uses which treatment position?**
- A. F STAR
 - B. F SaRT
 - C. Flexion only
 - D. Extension
- 10. For MET AC joint Adduction SD, what is the physician's starting position?**
- A. Seated patient with physician behind
 - B. Supine patient with physician at the side
 - C. Physician stands behind seated patient
 - D. Standing in front of the patient

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. The thoracic BLT for T1-2 described as a Non Neutral Type II is exemplified by which description?

- A. BLT of Thoracic Spine T1-2: Non Neutral Type II**
- B. BLT of Thoracic Spine: T4-12 Neutral Type I dysfunctions, supine
- C. BLT of Thoracic Spine: T4-12 Neutral Type I dysfunctions, seated
- D. BLT of Lumbosacral spine L5-S1 Dysfunction, Supine

Non-neutral Type II refers to a single vertebral segment that is stuck in a flexed or extended position, with rotation and side-bending occurring in the same direction. This contrasts with neutral (Type I) patterns, where a group of vertebrae moves in neutral with rotation and side-bending in opposite directions. In this question, the description that explicitly states the thoracic spine at T1-2 as a Non Neutral Type II is the correct example because it directly applies the non-neutral pattern to the specific segment. The other options describe neutral Type I dysfunctions in different regions or configurations, or involve a non-thoracic region, which do not illustrate the Non Neutral Type II pattern for T1-2.

2. Which Cranial OMM technique includes 'Flexion' in its name?

- A. Cranial OMM: Extension Hand Placements
- B. Cranial OMM: Lateral Strain Hand Placements
- C. Cranial OMM: Flexion Hand Placements**
- D. Cranial OMM: Rotation Hand Placements

In Cranial OMM, techniques are named after the primary cranial motion they aim to promote. A technique that includes "Flexion" in the name is the one where the hands are positioned to guide the cranial bones toward flexion, bringing the cranial mechanism toward a flexed state and allowing release of restricted strains. That's why the option with "Flexion Hand Placements" is the best choice. The other options reference extension, rotation, or lateral strain patterns, which do not carry the word "Flexion" in their names.

3. Rib Counterstrain AR1-2 is performed with the ribs in which phase?

- A. Inhaled
- B. Exhaled**
- C. Neutral
- D. Both inhaled and exhaled

Rib counterstrain uses a position of ease that corresponds to the rib's phase of respiration. For the first two ribs (anterior ribs), the typical dysfunction pattern is inhaled (the rib is held up during inspiration). To relieve the tender point and allow the tissues to relax, you place these ribs in the exhaled phase—depressed relative to the inhaled position. This exhaled positioning reduces hypertonicity of the inspiratory muscles and lets the rib soften, which is why AR1-2 is treated with the ribs in exhalation.

4. Motion testing in this context is used to assess the mobility of which joint?

- A. Glenohumeral Joint
- B. Scapulothoracic Joint
- C. AC Joint
- D. SC Joint

Assessing the mobility of the acromioclavicular joint. This small joint between the clavicle and the acromion allows subtle gliding movements as the shoulder girdle moves, especially when the arm is elevated and the scapula rotates. Motion testing at the AC joint checks whether those glides are available and symmetric, which is important for proper scapulohumeral rhythm and full shoulder function. If the AC joint's motion is restricted or hypermobile, it can limit shoulder elevation or contribute to pain even if the main shoulder joint (the glenohumeral joint) is functioning well. The glenohumeral joint provides most arm ROM, the scapulothoracic region refers to the functional interaction of the scapula on the thoracic wall rather than a true joint, and the sternoclavicular joint is another articulation of the clavicle at the sternum.

5. The Spencer Technique sequence is primarily applied to which region?

- A. Elbow
- B. Wrist
- C. Neck
- D. Shoulder Girdle

Spencer Technique is a systematic shoulder mobilization sequence aimed at the shoulder girdle, especially the glenohumeral joint and the surrounding scapulothoracic region. It uses a progression of motions—extending, flexing, abducting, adducting, rotating, and circumducting the shoulder, along with traction and tissue release—to restore range of motion and ease in the shoulder complex. Because its design centers on addressing shoulder joint mechanics and the soft tissues around the shoulder, it's applied to the shoulder girdle rather than the elbow, wrist, or neck. This makes the shoulder girdle the best answer, as the technique targets the shoulder region as a whole, commonly used for conditions like adhesive capsulitis and rotator cuff-related issues.

6. MET for a Superior Iliac-Pelvic Shear-SUPINE: On the last go, what instruction is given to the patient?

- A. Inhale deeply, then cough.
- B. Hold breath for 5 seconds.
- C. Exhale forcefully through pursed lips.
- D. Inhale and exhale normally for 30 seconds.

The key idea here is using a final breath-cough maneuver to convert the muscle energy work into a quick, high-velocity shift that helps reset the innominate relative to the sacrum. In a superior iliac-pelvic shear treated with MET in the supine position, you complete several cycles of voluntary muscle contraction against the clinician's counterforce to lengthen or relax shortened tissues and move the pelvis toward a neutral barrier. At the last cycle, you ask the patient to take a deep breath and then cough. That deep inspiration followed by a coughing spell creates a sudden rise in intra-abdominal pressure and engages the diaphragmatic and pelvic floor muscles, producing a brief, enhanced force that helps the ilium settle into a more balanced position against the sacrum. Other breathing patterns—holding the breath, exhaling forcefully, or simply breathing normally for a longer period—don't provide that rapid, targeted load, so they're less effective for achieving the same reset at the end of the MET sequence.

7. During Counterstrain AL5, the practitioner should stand on which side relative to the tender point?

- A. Same side**
- B. Opposite side
- C. Stand on the table
- D. No mention

In counterstrain, you place the patient into a position of maximal comfort to shorten the involved muscle and reduce nociceptive input. For the AL5 tender point, you want direct, stable access to the point and precise control of the corrective vector, which is best achieved by standing on the same side as the tender point. Being on the same side lets you palpate and monitor the tender point with your free hand, guide the body into the exact flexion/side-bending/rotation combination that constitutes the position of ease, and adjust without crossing over the patient. Standing on the opposite side would hinder that control and make it harder to apply and fine-tune the correction.

8. Counterstrain technique AT1-6 requires which motion?

- A. Flexion to the dysfunction level**
- B. Extension to the dysfunction level
- C. Rotation toward the dysfunction
- D. Side bending away from the dysfunction

In counterstrain, you place the patient in a position of ease to reduce muscle spindle activity and tissue tension at a tender point, allowing the body to reset. For the anterior thoracic points (AT1–AT6), the muscles involved are on the front of the chest/upper thorax. Bringing the spine into flexion at the level of the tender point shortens these anterior structures and decreases their pathological hypertonicity, which is why flexion to the dysfunction level is the appropriate treatment position. Extension would increase tension on those anterior tissues, so it's not the correct approach for AT1–AT6. (Rotation or side bending may be adjusted to enhance comfort, but the defining motion for these points is flexion.) Hold this position long enough for the tender point to improve, typically about 90 seconds.

9. Counterstrain AL1 uses which treatment position?

- A. F STAR**
- B. F SaRT
- C. Flexion only
- D. Extension

AL1 is an anterior lumbar tender point, and counterstrain aims to place the body in a position that relaxes the involved muscles and ligaments by shortening them and reducing abnormal proprioceptor input. For an anterior lumbar point, that means putting the lumbar spine into flexion. The recommended counterstrain position also combines side bending and rotation in a specific STAR pattern to further minimize tissue tension and optimize relief. So the best position is flexion with the appropriate side-bending and rotation pattern (F STAR). Extension would worsen the point, and flexion alone doesn't address the rotational/side-bending components needed for AL1.

10. For MET AC joint Adduction SD, what is the physician's starting position?

- A. Seated patient with physician behind
- B. Supine patient with physician at the side
- C. Physician stands behind seated patient**
- D. Standing in front of the patient

The starting position is for the physician to stand behind a seated patient. In this MET setup, you want the scapulothoracic region stabilized so the patient can actively contract the muscles that move the scapula toward the barrier without inviting unwanted movement from the trunk or arm. Standing behind allows the physician to palpate and guide the scapula and clavicle, apply the counterforce against the adduction movement, and ensure the motion stays in the intended plane. The seated position provides stability and easy access to the AC joint while the patient performs an isometric contraction against the physician's resistance, enabling the normal MET sequence of moving into the barrier, contracting, relaxing, and then releasing toward a more neutral position.

SAMPLE

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://ommpom2practical1.examzify.com>

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

SAMPLE