

PALMER MENTI PRACTICE TEST (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. Which statement best describes inflammatory back pain?**
 - A. Early morning stiffness that improves with activity and onset before age 40
 - B. Worse with movement and improves with rest
 - C. No morning stiffness and onset after 60
 - D. Pain localized to the hip with neuropathy

- 2. Which imaging modality best evaluates soft tissues such as ligaments around the spine?**
 - A. CT
 - B. MRI
 - C. X-ray
 - D. Nuclear medicine

- 3. Which gland releases FSH and LH in response to GnRH?**
 - A. Hypothalamus
 - B. Anterior pituitary
 - C. Posterior pituitary
 - D. Adrenal cortex

- 4. Which joints are cartilaginous joints of the pelvis?**
 - A. The sacroiliac joint and the lumbosacral joint
 - B. The sacrococcygeal joint and the symphysis pubis
 - C. The hip joint and the knee joint
 - D. The pubic arch and acetabulum

- 5. Which anatomical condition directly blocks vaginal opening and can delay puberty?**
 - A. Imperforate hymen
 - B. Transverse vaginal septum
 - C. Mullerian agenesis
 - D. Ovarian cysts

- 6. Which pubertal milestone marks the start of visible breast development in females?**
- A. Thelarche
 - B. Andarche
 - C. Pubarche
 - D. Menarche
- 7. At what age is puberty considered precocious in boys?**
- A. before 8
 - B. before 9
 - C. before 10
 - D. before 7
- 8. Which ligament contains the ovarian artery and vein?**
- A. The cardinal ligament
 - B. The suspensory (infundibulopelvic) ligament
 - C. The broad ligament
 - D. The ovarian ligament
- 9. Inversion and eversion are primary movements at which joint?**
- A. Talocrural joint
 - B. Subtalar joint
 - C. Tarsometatarsal joints
 - D. Metatarsophalangeal joints
- 10. Which maneuver is used to activate the transverse abdominis?**
- A. Abdominal drawing-in maneuver
 - B. Valsalva maneuver
 - C. Hip bridge with knee extension
 - D. Side plank with torso rotation

Answers

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

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Explanations

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1. Which statement best describes inflammatory back pain?

- A. Early morning stiffness that improves with activity and onset before age 40**
- B. Worse with movement and improves with rest
- C. No morning stiffness and onset after 60
- D. Pain localized to the hip with neuropathy

Inflammatory back pain is typically seen in younger adults and shows morning stiffness that lasts a substantial time and improves with movement or activity. It often begins before age 40. The statement describing morning stiffness that improves with activity and an onset before 40 directly matches these hallmark features, making it the best description. The other statements describe patterns more typical of mechanical back pain (worse with movement, better with rest), late onset after 60, or nerve-related hip pain, none of which fit inflammatory back pain as well.

2. Which imaging modality best evaluates soft tissues such as ligaments around the spine?

- A. CT
- B. MRI**
- C. X-ray
- D. Nuclear medicine

When evaluating soft tissues around the spine, you want imaging with high soft-tissue contrast to distinguish ligaments from surrounding structures. MRI uses magnetic properties of tissues to create detailed images and offers multiple sequences that highlight ligaments, discs, and surrounding soft tissue, making tears or inflammation easy to see. CT provides excellent detail of bone but relatively limited soft-tissue contrast, so ligaments aren't as clearly delineated. X-ray mainly shows bone alignment and degenerative changes with little soft-tissue information, and nuclear medicine focuses on function rather than detailed anatomy. Therefore, MRI is the best choice for assessing ligaments around the spine.

3. Which gland releases FSH and LH in response to GnRH?

- A. Hypothalamus
- B. Anterior pituitary**
- C. Posterior pituitary
- D. Adrenal cortex

GnRH from the hypothalamus signals the anterior pituitary to secrete the gonadotropins FSH and LH. The anterior pituitary is the gland responsible for producing and releasing these hormones in response to GnRH, forming a key link in the hypothalamic-pituitary-gonadal axis. The posterior pituitary doesn't release FSH or LH (it releases oxytocin and vasopressin), and the adrenal cortex isn't involved in producing these gonadotropins.

4. Which joints are cartilaginous joints of the pelvis?

- A. The sacroiliac joint and the lumbosacral joint
- B. The sacrococcygeal joint and the symphysis pubis**
- C. The hip joint and the knee joint
- D. The pubic arch and acetabulum

The main idea here is distinguishing joints by the tissue that binds them. In the pelvis, cartilaginous joints are those held together by cartilage rather than a synovial capsule. The pair that fits this is the pubic symphysis and the sacrococcygeal joint. The pubic symphysis is a secondary cartilaginous joint (a symphysis) with a fibrocartilaginous disc between the pubic bones, allowing only slight give to absorb forces. The sacrococcygeal joint is also a cartilaginous joint (a symphysis) between the sacrum and coccyx, permitting limited movement that can become more rigid with age. Other pelvic joints are not cartilaginous: the sacroiliac and lumbosacral joints are primarily synovial joints, though they have strong ligaments; the hip and knee are classic synovial joints; and the pubic arch and acetabulum are bony structures rather than joints themselves.

5. Which anatomical condition directly blocks vaginal opening and can delay puberty?

- A. Imperforate hymen**
- B. Transverse vaginal septum
- C. Mullerian agenesis
- D. Ovarian cysts

Blockage of the vaginal outflow tract at the vaginal opening. When the opening is completely closed, menstrual blood cannot exit, leading to primary amenorrhea and potential pelvic distention or pain that can look like delayed puberty because menses do not appear. Imperforate hymen is a hymenal membrane that covers the entire vaginal opening, so it directly blocks the introitus. On exam you may notice a tense, bulging hymen, sometimes with a bluish hue, indicating trapped blood behind it. The other conditions don't directly block the opening. A transverse vaginal septum sits across the vagina internally, so while it can obstruct flow, the vaginal opening itself remains patent. Mullerian agenesis involves absent or underdeveloped uterus with a normally formed vagina, so there isn't an outflow obstruction at the entry. Ovarian cysts affect the ovaries and can cause pain or mass effects, but they do not block the vaginal opening.

6. Which pubertal milestone marks the start of visible breast development in females?

- A. Thelarche**
- B. Andarche
- C. Pubarche
- D. Menarche

Breast development begins with thelarche, the first visible sign of puberty in girls. This milestone is driven by rising estrogen which stimulates the growth of breast tissue and the appearance of breast buds. It is the earliest outward change of puberty related to female breast development, typically occurring before menarche. Pubarche refers to the appearance of pubic hair from adrenal androgens, and menarche is the first menstrual period, both occurring later than thelarche. Andarche (adrenarche) is about adrenal maturation and pubic hair, not breast development.

7. At what age is puberty considered precocious in boys?

- A. before 8
- B. before 9**
- C. before 10
- D. before 7

Puberty in boys normally begins around 9 years old. Precocious puberty is defined as the appearance of pubertal signs before age 9. This cutoff helps clinicians identify early development that may signal underlying hormonal or neurological issues and warrants evaluation. So, the age threshold of before 9 is the standard standard used to label precocious puberty in boys.

8. Which ligament contains the ovarian artery and vein?

- A. The cardinal ligament
- B. The suspensory (infundibulopelvic) ligament**
- C. The broad ligament
- D. The ovarian ligament

The vessels that supply the ovary travel inside the suspensory ligament of the ovary, also known as the infundibulopelvic ligament. This peritoneal fold runs from the lateral pelvic wall to the ovary and carries the ovarian artery from the aorta and the ovarian vein back toward the heart, along with accompanying lymphatics and nerves. That's why this ligament is the one that contains the ovarian vessels. The other ligaments have different contents and roles: the cardinal ligament carries the uterine blood vessels and supports the cervix and uterus; the broad ligament is a wide peritoneal sheet that supports the uterus, tubes, and ovaries but does not house the main vascular pedicle; the ovarian ligament anchors the ovary to the uterus and does not contain the vessels.

9. Inversion and eversion are primary movements at which joint?

- A. Talocrural joint
- B. Subtalar joint**
- C. Tarsometatarsal joints
- D. Metatarsophalangeal joints

Inversion and eversion describe turning the sole of the foot inward or outward. The main joint that allows these motions is the subtalar joint, the articulation between the talus and calcaneus. At this joint, the foot can roll inward (inversion) or roll outward (eversion), which helps adapt the foot to uneven ground and adjusts leg alignment during walking and standing. The other joints have different primary roles: the talocrural joint (the ankle) mainly enables dorsiflexion and plantarflexion; the tarsometatarsal joints connect the midfoot to the forefoot with limited movement; and the metatarsophalangeal joints regulate toe flexion and extension (and some side-to-side movement) rather than inversion/eversion.

10. Which maneuver is used to activate the transverse abdominis?

A. Abdominal drawing-in maneuver

B. Valsalva maneuver

C. Hip bridge with knee extension

D. Side plank with torso rotation

The deep core stabilizer, the transverse abdominis, acts like a natural corset for the spine. To train and activate it specifically, you use the abdominal drawing-in maneuver: gently pull the belly button toward the spine while keeping the chest and pelvis still and breathing normally. This cue focuses the effort on the TA, helping it brace the trunk without overdoing the superficial abdominal muscles or breath-holding. The Valsalva maneuver, by contrast, involves holding the breath and bearing down to increase intra-abdominal pressure. That doesn't selectively recruit the transverse abdominis and can raise blood pressure, so it isn't used to activate TA specifically. A hip bridge with knee extension mainly targets the glutes and hamstrings and requires overall core bracing rather than isolating TA activation, so it isn't the best method for teaching TA recruitment. A side plank with torso rotation challenges the obliques and the entire lateral core, providing strong engagement across several muscles, but it doesn't isolate the transverse abdominis in the way the abdominal drawing-in maneuver does.

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://palmermenti.examzify.com>

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

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