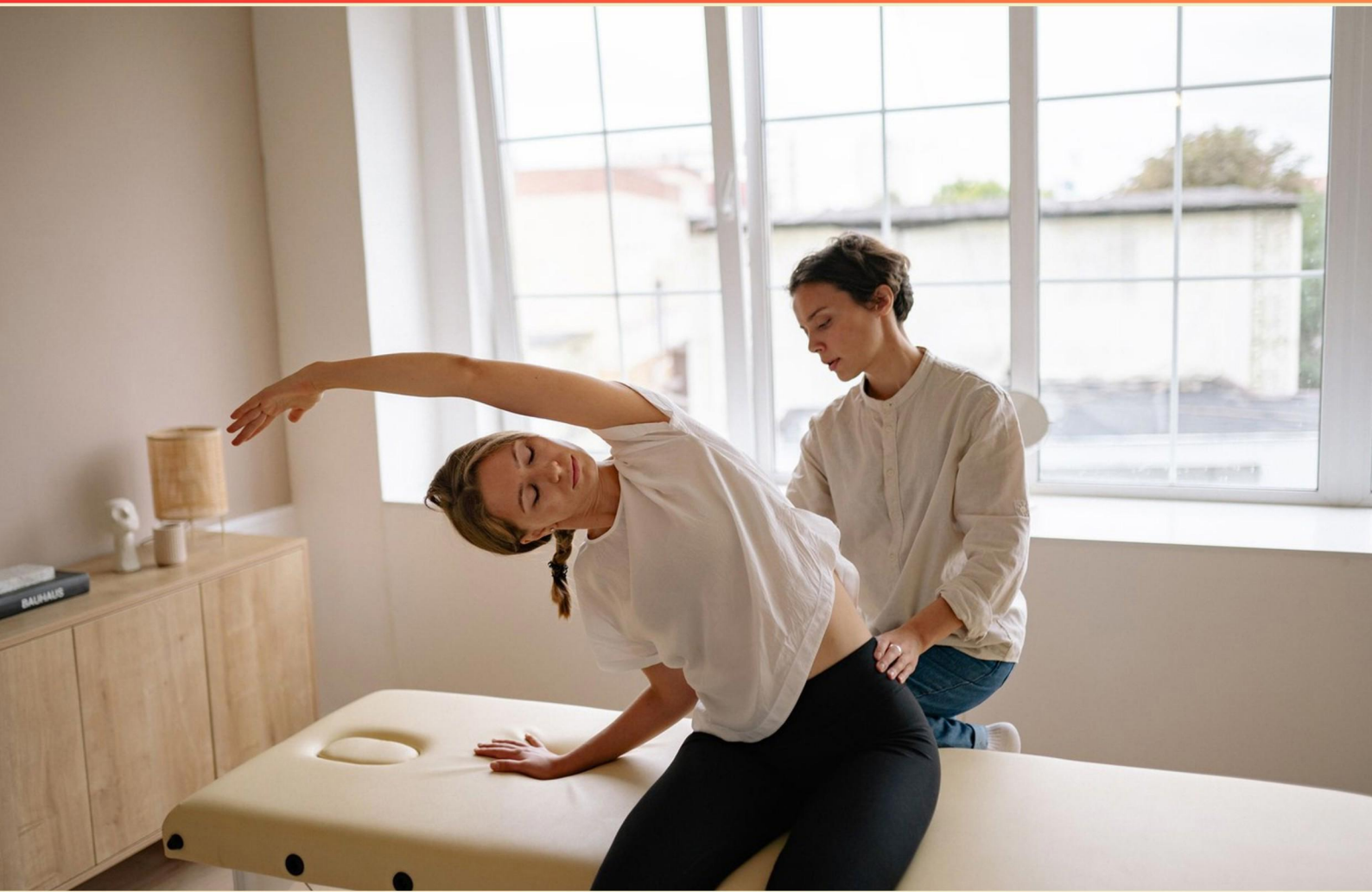


POSTURAL RESTORATION INSTITUTE PRACTICE TEST (SAMPLE)

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 are the three most powerfully positioned external rotators?**
 - A. Gluteus medius, obturator internus, and piriformis
 - B. Gluteus maximus, obturator, and psoas
 - C. Tensor fasciae latae, sartorius, and gracilis
 - D. Gluteus minimus, gemellus, and piriformis
- 2. In Standing Wall Supported Reach, the arms should reach forward at the same angle as which body part?**
 - A. The arms should reach forward at the same angle as the hips.
 - B. The arms should reach forward at the same angle as the trunk.
 - C. The arms should reach forward at the same angle as the thighs.
 - D. The arms should reach forward at the same angle as the shoulders.
- 3. Which reference center is considered the most important?**
 - A. The left posterior calcaneal tuberosity
 - B. Left internal obliques/Transversus abdominis and left posterior lower ribcage (THE MOST IMPORTANT)
 - C. Right lateral posterior upper ribs when in left AF IR
 - D. The left anterior hip capsule/right posterior hip
- 4. Which statement best describes the relationship between transverse mobility and frontal plane strength?**
 - A. Transverse mobility can be used without any frontal plane strength.
 - B. Transverse mobility can be used only when frontal plane strength is well established below T8 through the hips and pelvis.
 - C. Transverse mobility relies on ankle flexibility alone.
 - D. Transverse mobility is independent of strength.

5. What describes the four-phase treatment sequence in a Left AIC Myokinematic patient?

- A. Reposition, retrain left stance, and finish with retraining right stance function to restore alternating reciprocal motion. Start with left leg in left AF IR; proceed with the right leg in left AF IR (or right AF ER); then the left leg in right AF IR; finally the right leg in right AF IR.
- B. Reposition, retrain left stance, then retrain right stance; end with left stance training.
- C. Reposition, retrain left stance, and finish with retraining right stance function to restore alternating reciprocal motion. Start with left leg in left AF IR; then the right leg in left AF IR (or right AF ER); then the left leg in right AF IR; lastly the right leg in right AF IR.
- D. Reposition, retrain both stances simultaneously; begin with left leg in right AF IR.

6. During Step Three, what movement occurs?

- A. The pelvis rotates away from the lead leg.
- B. The lead leg knee flexes.
- C. The arms cross and rotate the trunk contralaterally.
- D. The pelvis rotates toward the lead leg, shifting into AF-IR.

7. What does the acronym Left AIC stand for in PRI concepts?

- A. Left Anterior Interior Chain
- B. Left Anterior Inner Circle
- C. Left Abductor Internal Contracture
- D. Left Ankle Inversion Control

8. What is presbyopia?

- A. Presbyopia is the sudden loss of vision due to retinal detachment.
- B. Presbyopia is the improvement of lens flexibility with age.
- C. Presbyopia is the normal loss of lens flexibility with age, reducing focusing ability.
- D. Presbyopia refers to color vision deficiency.

9. What are the Three R's? What is their order?

- A. Reposition: inhibit muscle chains. 2) Retrain: facilitate muscle chains. 3) Restore: create reciprocal alternating activity.
- B. Retrain: facilitate muscle chains. 2) Restore: create reciprocal alternating activity. 3) Reposition: inhibit muscle chains.
- C. Restore: create reciprocal alternating activity. 2) Reposition: inhibit muscle chains. 3) Retrain: facilitate muscle chains.
- D. Reposition: inhibit muscle chains. 2) Restore: create reciprocal alternating activity. 3) Retrain: facilitate muscle chains.

10. Respiration drives neurological changes that drive biomechanical changes. Which type of change is driven by respiration?

- A. Neurological changes
- B. Pulmonary changes
- C. Hormonal changes
- D. Muscular changes

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Answers

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

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Explanations

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1. What are the three most powerfully positioned external rotators?

- A. Gluteus medius, obturator internus, and piriformis
- B. Gluteus maximus, obturator, and psoas**
- C. Tensor fasciae latae, sartorius, and gracilis
- D. Gluteus minimus, gemellus, and piriformis

External rotation torque at the hip comes from muscles that have a favorable line of pull around the femoral neck and are positioned to rotate the thigh outward when the pelvis is stabilized. The gluteus maximus is the dominant external rotator when the hip is in extension, giving a strong, leverage-rich pull to turn the thigh outward and to help maintain posterior pelvic tilt. The obturator externus wraps around the deep aspect of the hip and provides a powerful lever for external rotation across a range of hip positions, making it another key external rotator in functional tasks. The psoas, while best known as a hip flexor, contributes to rotational control as well in certain postures where the pelvis is stabilized and the femur can rotate externally; in combined hip-fixation positions used in PRI concepts, it supports the external rotation mechanism alongside the other two muscles. Other muscles listed are not as consistently powerful external rotators across common postural positions. For example, gluteus medius and gluteus minimus are more classic abductors with some rotational action, and the piriformis/gemelli set are deep external rotators but don't typically impart the same robust external rotation torque as the trio described in this context.

2. In Standing Wall Supported Reach, the arms should reach forward at the same angle as which body part?

- A. The arms should reach forward at the same angle as the hips.
- B. The arms should reach forward at the same angle as the trunk.
- C. The arms should reach forward at the same angle as the thighs.**
- D. The arms should reach forward at the same angle as the shoulders.

The movement is driven by the lower body so the forward reach stays stable and balanced. The arms should move to meet the thigh angle, so the reach is produced by hip and knee positioning rather than bending the trunk or hitching the shoulders. When the arm angle mirrors the thigh angle, the pelvis and rib cage stay stacked and the spine stays neutral, minimizing compensations. Reaching with the trunk, hips, or shoulders would shift load away from the legs and create unwanted spinal or rib flare, whereas matching the thigh angle keeps the pattern cohesive and controlled.

3. Which reference center is considered the most important?

- A. The left posterior calcaneal tuberosity
- B. Left internal obliques/Transversus abdominis and left posterior lower ribcage (THE MOST IMPORTANT)**
- C. Right lateral posterior upper ribs when in left AF IR
- D. The left anterior hip capsule/right posterior hip

In PRI, the most important reference center is the left internal obliques and Transversus Abdominis teamed with the left posterior lower rib cage because this pair anchors the thoraco-pelvic cylinder that guides the entire left-sided posture. Activating the left IO/TA helps create a stable, inwardly braced core, while positioning the left posterior lower ribs supports the rib cage in a orientation that accommodates the pelvis to balance and rotate appropriately. This combination provides the strongest, most consistent cue for aligning the rib cage over the pelvis and driving the left pattern (often described as the left AIC side of the system), making it the central reference point clinicians rely on for retraining and cueing. Other reference points, like a particular foot bony landmark, a specific rib position on the opposite side, or a hip capsule cue, can be helpful in certain drills or as secondary cues, but they do not exert the same overarching influence on the rib-pelvis relationship and dynamic as the left IO/TA with the left posterior lower ribs.

4. Which statement best describes the relationship between transverse mobility and frontal plane strength?

- A. Transverse mobility can be used without any frontal plane strength.
- B. Transverse mobility can be used only when frontal plane strength is well established below T8 through the hips and pelvis.**
- C. Transverse mobility relies on ankle flexibility alone.
- D. Transverse mobility is independent of strength.

Transverse mobility works best when the body has a solid frontal (frontal plane) stability base in the lower thorax through the hips and pelvis. In PRI, rotational movement is most efficient once the frontal plane strength in that region is well established, because a stable axis allows the trunk to rotate without collapsing the pelvis or rib cage. If the frontal plane system isn't developed there, attempting transverse mobility risks compensations and misalignment, rather than clean rotation. This is why the statement that transverse mobility can be used only when frontal plane strength is well established below T8 through the hips and pelvis is the best fit. Options that rely on ankle flexibility alone, claim independence from strength, or suggest mobility can occur without any frontal plane control don't fit how PRI views the organize-and-support system necessary for rotation.

5. What describes the four-phase treatment sequence in a Left AIC Myokinematic patient?

- A. Reposition, retrain left stance, and finish with retraining right stance function to restore alternating reciprocal motion. Start with left leg in left AF IR; proceed with the right leg in left AF IR (or right AF ER); then the left leg in right AF IR; finally the right leg in right AF IR.
- B. Reposition, retrain left stance, then retrain right stance; end with left stance training.
- C. Reposition, retrain left stance, and finish with retraining right stance function to restore alternating reciprocal motion. Start with left leg in left AF IR; then the right leg in left AF IR (or right AF ER); then the left leg in right AF IR; lastly the right leg in right AF IR.**
- D. Reposition, retrain both stances simultaneously; begin with left leg in right AF IR.

In Left AIC myokinematic restoration, the four phases are a progressive re-education of how the stance legs and pelvis work together to create alternating reciprocal motion. The pattern starts with repositioning to set the pelvis and hips for effective training, then retrains the left stance, then retrains the right stance, and finishes by consolidating with the right stance again so both sides can cycle properly. The sequence begins with the left leg in left AF IR to bias the pelvis toward the starting orientation that supports the left AIC pattern. Next, you retrain the left stance in that same left AF IR position to reinforce stable loading and correct left-sided stance mechanics. Then you move to retraining the right stance, described as the right leg in left AF IR (or the left AF ER) to encourage the pelvis to shift and rotate in a way that supports reciprocal motion. Finally, you finish with the right leg in right AF IR to complete the bilateral retraining and lock in the corrected pattern, with both legs in right AF IR promoting symmetrical function. This exact progression—repositioning, left stance retraining, right stance retraining, then finishing with right stance retraining and the corresponding leg orientations—best matches the four-phase approach for a Left AIC pattern. The other sequences either mix in dual-stance training, start with the wrong leg orientation, or end with an incomplete pattern, which undermines the goal of restoring alternating reciprocal motion.

6. During Step Three, what movement occurs?

- A. The pelvis rotates away from the lead leg.
- B. The lead leg knee flexes.
- C. The arms cross and rotate the trunk contralaterally.
- D. The pelvis rotates toward the lead leg, shifting into AF-IR.**

During Step Three, the pelvis rotates toward the lead leg and shifts into AF-IR, meaning anterior tilt with internal rotation. This directional rotation of the pelvis is the defining feature of Step Three in PRI sequencing, setting the pelvis into an AF-IR orientation as the lead leg advances. This orientation helps to organize the pelvis and rib cage in a way that supports the step pattern and maintains stability through the stance phase. The other movements described don't align with Step Three's core pelvic orientation: the lead leg knee flexion isn't the primary driver of this step, upper body crossing or contralateral trunk rotation isn't the characteristic pelvic movement for Step Three, and rotating the pelvis away from the lead leg would create the opposite pattern.

7. What does the acronym Left AIC stand for in PRI concepts?

- A. Left Anterior Interior Chain**
- B. Left Anterior Inner Circle
- C. Left Abductor Internal Contracture
- D. Left Ankle Inversion Control

In PRI, the term AIC describes a connected group of muscles and fascia positioned toward the front and inner side of the body, and the left side designation specifies which side that chain is on. Left Anterior Interior Chain is the standard name for that pattern, reflecting its location (anterior and interior on the left) and the idea of a linked chain of tissues that can influence pelvis and rib cage positions. Recognizing this pattern helps explain why the left side may dominate or pull the pelvis forward and how rehabilitation aims to balance it with opposing patterns. The other options don't fit PRI terminology. They describe terms or concepts not used in the AIC naming convention (for example, a circle, a single muscle contracture, or a foot mechanism), so they aren't the correct interpretation of Left AIC.

8. What is presbyopia?

- A. Presbyopia is the sudden loss of vision due to retinal detachment.
- B. Presbyopia is the improvement of lens flexibility with age.
- C. Presbyopia is the normal loss of lens flexibility with age, reducing focusing ability.**
- D. Presbyopia refers to color vision deficiency.

Presbyopia is the normal, age-related decline in the eye's ability to focus on near objects due to reduced elasticity of the lens. As people age, the lens becomes stiffer and can't round up as easily to focus on close tasks, so reading or seeing things up close becomes harder. This decrease in the accommodation range typically becomes noticeable in the 40s and progresses over time. It's not about sudden vision loss from retinal detachment, it's not an improvement in lens flexibility, and it isn't related to color vision deficiency.

9. What are the Three R's? What is their order?

- A. Reposition: inhibit muscle chains. 2) Retrain: facilitate muscle chains. 3) Restore: create reciprocal alternating activity.**
- B. Retrain: facilitate muscle chains. 2) Restore: create reciprocal alternating activity. 3) Reposition: inhibit muscle chains.
- C. Restore: create reciprocal alternating activity. 2) Reposition: inhibit muscle chains. 3) Retrain: facilitate muscle chains.
- D. Reposition: inhibit muscle chains. 2) Restore: create reciprocal alternating activity. 3) Retrain: facilitate muscle chains.

The Three Rs describe a progression to correct a postural pattern by first addressing the drivers of imbalance, then teaching proper muscle engagement, and finally reinforcing functional, alternating activity. Start with Reposition to inhibit the overactive muscle chains that keep the faulty alignment in place. Only after those inhibitory patterns are reduced do you move to Retrain, which is about facilitating the underactive muscle chains so they can actively contribute to movement. The final step is Restore, promoting reciprocal alternating activity so the body maintains balanced function across tasks. Why this order fits is that you must quiet the dominant, compensatory patterns before you can re-educate correct muscle recruitment, and only after proper recruitment is established can you solidify stable, alternating movement patterns.

10. Respiration drives neurological changes that drive biomechanical changes. Which type of change is driven by respiration?

- A. Neurological changes
- B. Pulmonary changes
- C. Hormonal changes
- D. Muscular changes**

The key idea here is how breathing patterns influence muscle activation and, through that, movement and posture. When you breathe, the nervous system adjusts the timing and degree of activation of trunk and limb muscles. Those neural adjustments change which muscles fire, when they fire, and how strongly they contract. The immediate outcome of that altered neural drive is a change in muscle recruitment and tone, which then produces the observable biomechanical effects—how the body moves and holds itself. So, while respiration does affect neural control, the type of change that directly propagates into the movement system and alters biomechanics is muscular changes. This is the downstream result of the respiration-driven neural modulation: muscles adapt their activation patterns, leading to the postural and movement changes you observe. The other options describe different systems—pulmonary changes would be changes in the lungs themselves, and hormonal changes are not the typical immediate driver in this respiration–neural–muscular cascade.

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://posturalrestorationinst.examzify.com>

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

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