

PPC/OMM Block 6 Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. During eversion of the foot, the fibular head moves closer to which toe?**
 - A. Big toe**
 - B. Pinky toe**
 - C. Second toe**
 - D. Third toe**

- 2. In a unilateral sacral shear, what side will the positive seated flexion test be on?**
 - A. The opposite side**
 - B. The same side**
 - C. Both sides**
 - D. Neither**

- 3. A sacral dysfunction around a horizontal axis is classified as which of the following?**
 - A. Physiological**
 - B. Non-physiological**
 - C. Unknown**
 - D. Both**

- 4. When should a chaperone ALWAYS be present for OMM?**
 - A. if there is GU/pelvic/direct breast treatments**
 - B. Only for surgical procedures**
 - C. Only when patient requests**
 - D. Never**

- 5. During early pregnancy, what is a key objective of the structural assessment?**
 - A. Examine for pre-existing somatic dysfunctions that can impact circulation to the fetus**
 - B. Screen for fetal anomalies with ultrasound**
 - C. Determine the due date**
 - D. Assess placental perfusion clinically**

- 6. Which of the following describes genital ulcers caused by herpes simplex virus in males?**
- A. A single painless ulcer with clean base**
 - B. A small group of painful vesicles on erythematous base**
 - C. Vesicular rash on the thighs**
 - D. A hard chancre**
- 7. What is the basic mechanism by which diabetes causes changes to the eye?**
- A. Inflammation of the optic nerve due to infection**
 - B. Autoimmune attack on retinal ganglion cells**
 - C. Damage from hyperglycemia causing vascular occlusion with ischemia and neovascularization**
 - D. Mechanical injury to the cornea**
- 8. What finding defines proliferative diabetic retinopathy?**
- A. Neovascularization after damage**
 - B. Cotton wool spots**
 - C. Hard exudates**
 - D. Macular edema**
- 9. When initiating chest compressions, which airway management step is recommended?**
- A. Insert an endotracheal tube and increase oxygen to 100% with placement confirmed by chest X-ray, auscultation, CO2 detector, or visualization through the cords**
 - B. Rely on bag-valve-mask ventilation only during compressions**
 - C. Place a nasopharyngeal airway and avoid intubation during compressions**
 - D. Delay airway management until after compressions**
- 10. Acanthosis nigricans is commonly associated with which condition?**
- A. It is a sign of autoimmune disease**
 - B. It is a sign of liver failure**
 - C. It is a normal variant of aging**
 - D. It is commonly associated with insulin resistance**

Answers

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

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Explanations

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1. During eversion of the foot, the fibular head moves closer to which toe?

- A. Big toe
- B. Pinky toe**
- C. Second toe
- D. Third toe

Eversion turns the sole outward, shifting weight and alignment toward the outer side of the foot. The fibula sits along the lateral side of the leg, and as the foot everts, the proximal fibular head shifts toward that lateral edge. This motion brings the fibular head closer to the little toe (the fifth toe), which is why the correct choice is the little toe.

2. In a unilateral sacral shear, what side will the positive seated flexion test be on?

- A. The opposite side
- B. The same side**
- C. Both sides
- D. Neither

The seated flexion test identifies the side of sacroiliac dysfunction by watching which PSIS rises more when the patient bends forward. In a unilateral sacral shear, the sacrum is displaced toward one side, so the sacral base on that side moves more with forward flexion. This makes the PSIS on that same side appear to move cephalad during the test, yielding a positive result on the side of the shear.

3. A sacral dysfunction around a horizontal axis is classified as which of the following?

- A. Physiological**
- B. Non-physiological
- C. Unknown
- D. Both

Movement of the sacrum about the horizontal (transverse) axis corresponds to flexion/extension of the sacrum, which is a normal, physiologic plane of motion within the pelvic ring and the primary respiratory mechanism. Therefore a sacral dysfunction around that axis is classified as physiologic because it involves standard, expected motion rather than a pathologic or abnormal restriction. The other options don't fit because this axis defines a normal range of motion, and labeling it non-physiologic or unknown wouldn't reflect its inherent, routine role in sacral mechanics.

4. When should a chaperone ALWAYS be present for OMM?

- A. if there is GU/pelvic/direct breast treatments**
- B. Only for surgical procedures**
- C. Only when patient requests**
- D. Never**

Chaperones are about patient safety and professional boundaries. When a treatment touches GU/pelvic areas or involves direct breast contact, having a chaperone present helps ensure appropriate conduct, supports the patient's comfort, and provides a witness that consent was obtained and respected. This applies regardless of gender or desire for privacy, and it isn't limited to surgical procedures. It isn't something that should be based on a patient's request or considered unnecessary. Therefore, a chaperone should ALWAYS be present for GU/pelvic or direct breast treatments during OMM.

5. During early pregnancy, what is a key objective of the structural assessment?

- A. Examine for pre-existing somatic dysfunctions that can impact circulation to the fetus**
- B. Screen for fetal anomalies with ultrasound**
- C. Determine the due date**
- D. Assess placental perfusion clinically**

In early pregnancy, the structural assessment aims to identify somatic dysfunctions that could affect blood flow to the fetus. From an osteopathic perspective, dysfunctions in the pelvis, sacrum, spine, or thoracic inlet can alter uteroplacental perfusion by impacting venous return, diaphragmatic motion, and autonomic regulation. Detecting these issues allows for interventions to help restore normal mechanics and potentially improve fetal circulation during this critical period. The other options involve imaging to detect fetal anomalies, dating the pregnancy, or evaluating placental perfusion with clinical methods, which are not the focus of the maternal structural assessment aimed at optimizing circulation to the fetus.

6. Which of the following describes genital ulcers caused by herpes simplex virus in males?

- A. A single painless ulcer with clean base**
- B. A small group of painful vesicles on erythematous base**
- C. Vesicular rash on the thighs**
- D. A hard chancre**

Genital herpes lesions are classically described as a small group of painful vesicles on an erythematous base that may rupture and form shallow ulcers. These vesicles often appear in crops and are painful, sometimes with burning or dysuria, especially during a primary infection. This pattern helps distinguish herpes from other genital ulcers: a single painless ulcer with a clean base suggests syphilis (chancre), a hard chancre is a firm, painless lesion also seen in syphilis, and a vesicular rash on the thighs is not the typical genital herpes presentation. So the description of a small group of painful vesicles on an erythematous base best describes genital herpes in males.

7. What is the basic mechanism by which diabetes causes changes to the eye?

- A. Inflammation of the optic nerve due to infection**
- B. Autoimmune attack on retinal ganglion cells**
- C. Damage from hyperglycemia causing vascular occlusion with ischemia and neovascularization**
- D. Mechanical injury to the cornea**

Prolonged high blood sugar damages the retinal microvasculature, causing capillary dropout and ischemia. The resulting lack of oxygen triggers the release of VEGF, leading to abnormal new vessel growth (neovascularization). These fragile vessels can bleed and contribute to macular edema, driving vision loss in diabetic retinopathy. The other scenarios describe inflammatory optic nerve disease, autoimmune retinal damage, or mechanical corneal injury, which don't reflect the vascular occlusion and ischemia-driven neovascular response seen with diabetes.

8. What finding defines proliferative diabetic retinopathy?

- A. Neovascularization after damage**
- B. Cotton wool spots**
- C. Hard exudates**
- D. Macular edema**

The defining finding of proliferative diabetic retinopathy is neovascularization—the growth of new blood vessels on the retina or optic disc in response to retinal ischemia. These fragile vessels can bleed into the vitreous and form fibrous membranes that pull on the retina, risking vitreous hemorrhage and tractional detachment. Other signs like cotton-wool spots, hard exudates, or macular edema can occur at various stages and aren't specific to the proliferative phase, whereas the appearance of new vessels marks the transition to proliferative disease.

9. When initiating chest compressions, which airway management step is recommended?

- A. Insert an endotracheal tube and increase oxygen to 100% with placement confirmed by chest X-ray, auscultation, CO2 detector, or visualization through the cords**
- B. Rely on bag-valve-mask ventilation only during compressions**
- C. Place a nasopharyngeal airway and avoid intubation during compressions**
- D. Delay airway management until after compressions**

Securing the airway early with a definitive airway and delivering high-quality ventilation is essential during chest compressions. The best approach is to insert an endotracheal tube and provide 100% oxygen, confirming placement with waveform capnography (and using auscultation or visualization as supplementary checks). This setup allows continuous chest compressions with minimal interruptions while ensuring reliable ventilation and oxygen delivery to the tissues. Using a bag-valve-mask alone during compressions can introduce more pauses and inconsistent ventilation, making it harder to maintain adequate oxygenation. A nasopharyngeal airway without a secured airway doesn't protect the airway or guarantee reliable ventilation during CPR. Delaying airway management until after compressions sacrifices ventilation during the critical early phase of resuscitation.

10. Acanthosis nigricans is commonly associated with which condition?

- A. It is a sign of autoimmune disease**
- B. It is a sign of liver failure**
- C. It is a normal variant of aging**
- D. It is commonly associated with insulin resistance**

Acanthosis nigricans signals insulin resistance. The dark, velvety patches that appear in areas like the neck, axillae, and groin come from the skin's response to high insulin levels. When the body's cells don't respond well to insulin, the pancreas makes more of it (hyperinsulinemia), and this excess insulin can stimulate growth factor receptors in skin cells, causing the thickened, pigmented plaques. That link to insulin resistance places acanthosis nigricans with conditions such as obesity, metabolic syndrome, polycystic ovary syndrome, and type 2 diabetes risk. It isn't typically a sign of autoimmune disease, liver failure, or a normal aging variant. Autoimmune conditions and liver failure have other characteristic signs and skin changes, and aging skin doesn't usually present with this specific velvety hyperpigmentation in flexural areas.

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://ppcommblock6.examzify.com>

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

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