

PPC/OMM BLOCK 6 PRACTICE EXAM (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. Cryptorchidism refers to:**
 - A. Undescended Testes
 - B. A Normal Descent Of The Testes
 - C. Undescended Testes That Increases Cancer Risk
 - D. Torsion Of The Testis
- 2. After labor and delivery, which somatic dysfunctions should be evaluated?**
 - A. Lingering somatic dysfunctions, including hyperlordosis left from pregnancy
 - B. Acute ankle sprain
 - C. Migraine headaches
 - D. Carpal tunnel syndrome
- 3. Peyronie disease is best described as:**
 - A. Chronic Idiopathic Disease
 - B. Fibrosis Of The Corpus Cavernosum Of The Penis
 - C. Infection Of Penile Tissue
 - D. Vascular Dysfunction Of The Penis
- 4. In SMR stage 4, testes are approximately how many milliliters?**
 - A. 4 mL
 - B. 8 mL
 - C. 12 mL
 - D. 16 mL
- 5. If you are unsure of a patient's religious or cultural needs regarding physical touch or skin exposure, what is the appropriate action?**
 - A. Ignore differences and proceed as usual
 - B. Ask them
 - C. Refer to another clinician without discussion
 - D. Assume their preferences based on demographics
- 6. Which of the following is NOT a potential risk of OMM?**
 - A. Improved mood after treatment
 - B. Pain can worsen
 - C. Bruising can occur
 - D. Neurological symptoms

- 7. In mid adolescence (SMR 3-4), what is the main psychosocial focus?**
- A. Dating more important than peer groups
 - B. Abstract thought
 - C. Increase in sexual interest, experimentation, questions about orientation
 - D. Concern for attractiveness
- 8. Which statement undermines the validity of consent?**
- A. They fully understand and agree
 - B. They do not understand what they are consenting to
 - C. They have a guardian's approval
 - D. They are informed of risks
- 9. A syphilitic chancre is best described as which of the following?**
- A. It is a hard chancre that is the first manifestation of syphilis
 - B. It is a soft, moist plaque on the lips
 - C. It causes painful vesicular eruptions
 - D. It occurs only on the palm
- 10. Immediately after birth, what happens to pulmonary vascular resistance and how does it affect the ductus arteriosus?**
- A. Pulmonary vascular resistance decreases; the ductus arteriosus constricts
 - B. Pulmonary vascular resistance stays the same; the ductus arteriosus remains open
 - C. Pulmonary vascular resistance increases; the ductus arteriosus constricts
 - D. Pulmonary vascular resistance increases; the ductus arteriosus stays open

Answers

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

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Explanations

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1. Cryptorchidism refers to:

- A. Undescended Testes
- B. A Normal Descent Of The Testes
- C. Undescended Testes That Increases Cancer Risk**
- D. Torsion Of The Testis

Cryptorchidism is the condition in which one or both testes fail to descend into the scrotum. This situation isn't just about anatomy; it also carries an important long-term consequence: an increased risk of testicular cancer (and often infertility if not corrected). Among the choices, the description that combines the undescended state with the associated cancer risk best reflects the clinically relevant aspect of this condition, making it the strongest option. The other choices describe either a normal descent or a different condition (torsion), which don't apply to cryptorchidism.

2. After labor and delivery, which somatic dysfunctions should be evaluated?

- A. Lingering somatic dysfunctions, including hyperlordosis left from pregnancy**
- B. Acute ankle sprain
- C. Migraine headaches
- D. Carpal tunnel syndrome

Pregnancy and delivery cause lasting changes in body mechanics that can develop into somatic dysfunctions. The most common example is persistent postural change, such as increased lumbar lordosis and pelvic tilt that began during pregnancy and can remain after birth. This kind of lingering dysfunction affects the pelvis, sacrum, and lower spine, and is often responsible for ongoing back pain or pelvic misalignment. Evaluating and treating these post-delivery somatic dysfunctions helps restore balanced motion, reduce compensatory strain, and support recovery. Acute injuries like an ankle sprain are separate, new events to manage. Migraine headaches and carpal tunnel syndrome can occur around pregnancy, but they aren't the typical postpartum somatic dysfunctions that osteopathic assessment targets first, which is why the emphasis is on lingering postural and pelvic/vertebral dysfunctions from the pregnancy period.

3. Peyronie disease is best described as:

- A. Chronic Idiopathic Disease
- B. Fibrosis Of The Corpus Cavernosum Of The Penis**
- C. Infection Of Penile Tissue
- D. Vascular Dysfunction Of The Penis

Peyronie disease is a fibrotic process affecting the penile erectile tissue, specifically the formation of firm fibrous plaques within the tunica albuginea that surrounds the corpora cavernosa. These inelastic plaques distort the penis during erection, leading to curvature, sometimes painful erections, and possible erectile dysfunction. This fibrotic nature is the hallmark, which is why describing the condition as fibrosis of the penile tissue around the erectile bodies is the most accurate way to capture what's happening. It isn't an infection, which would involve microbial invasion and inflammatory signs typical of infections. It isn't primarily a vascular dysfunction, which would focus on blood flow issues during erection without the characteristic fibrous plaques. While the condition can be idiopathic or follow trauma, the defining aspect remains the fibrous plaque formation in the tunica albuginea.

4. In SMR stage 4, testes are approximately how many milliliters?

- A. 4 mL
- B. 8 mL
- C. 12 mL**
- D. 16 mL

SMR stages use testicular size as a practical clue to where a boy is in puberty. In stage four, the testes have grown from their prepubertal size and reach a moderate, mid-pubertal size—not the smallest and not yet fully adult. This mid-range size reflects puberty advancing beyond the earliest changes but not yet at full mature dimensions. The other options represent either smaller volumes seen earlier in puberty or larger volumes closer to adulthood, so the value that best matches stage four is the mid-range one.

5. If you are unsure of a patient's religious or cultural needs regarding physical touch or skin exposure, what is the appropriate action?

- A. Ignore differences and proceed as usual
- B. Ask them**
- C. Refer to another clinician without discussion
- D. Assume their preferences based on demographics

Respecting patient autonomy and cultural or religious considerations means asking about their preferences before any physical touch or skin exposure. When you're unsure about what a patient is comfortable with, directly asking shows that you value their beliefs and boundaries, avoids making assumptions, and provides a clear path to tailor the care to their needs. Approach this with sensitivity: choose a private, calm moment and use simple, open language, for example, "Are there any beliefs or practices I should know about that affect how we touch you or expose skin during care?" Involve an interpreter if language is a barrier, and document their preferences so all members of the care team honor them going forward. Other approaches, like proceeding without discussion, guessing based on demographics, or referring to someone else without discussing the patient's wishes, undermine patient autonomy and can cause distress or unsafe care.

6. Which of the following is NOT a potential risk of OMM?

- A. Improved mood after treatment**
- B. Pain can worsen
- C. Bruising can occur
- D. Neurological symptoms

This question tests the distinction between adverse effects (risks) and potential benefits of osteopathic manipulative medicine. Common risks or adverse effects can include temporary worsening of pain after treatment, soreness, or even bruising from manual techniques. Neurological symptoms can occur in rare cases if nerve tissues are affected during manipulation. In contrast, an improved mood after treatment is not a risk; it represents a potential positive outcome from relaxation, relief of tension, or placebo effects. Therefore, the statement about improved mood is not a potential risk, making it the correct choice.

7. In mid adolescence (SMR 3-4), what is the main psychosocial focus?

- A. Dating more important than peer groups**
- B. Abstract thought
- C. Increase in sexual interest, experimentation, questions about orientation
- D. Concern for attractiveness

In mid adolescence, the psychosocial focus centers on dating and intimate relationships, which become the primary arena for social life and identity exploration as puberty progresses. While peer groups remain influential, forming romantic connections takes precedence and shapes social activities, mood, and self-definition during this stage. Abstract thought is a cognitive development milestone that accompanies adolescence but isn't the central social focus. Increased sexual interest and orientation questions are part of maturation, yet they don't define the main psychosocial priority. Concerns about attractiveness are common and feed self-image, but dating and romantic exploration are the defining focus of mid adolescence.

8. Which statement undermines the validity of consent?

- A. They fully understand and agree
- B. They do not understand what they are consenting to**
- C. They have a guardian's approval
- D. They are informed of risks

Understanding what you're agreeing to is essential for valid consent. If a person does not understand what they are consenting to, the decision isn't truly informed or voluntary, so the consent isn't valid. Consent hinges on capacity and comprehension: the person must grasp what will be done, the implications, and the risks or alternatives involved. For context, valid consent typically includes clear understanding, voluntary agreement without coercion, and the person having the ability to decide. Being fully informed of risks supports validity, and having a guardian's approval can be appropriate when someone lacks decision-making capacity. Conversely, simply having guardian approval or being aware of risks doesn't guarantee understanding, so those conditions don't undermine validity by themselves. The key issue that defeats validity here is the lack of understanding of what is being consented to.

9. A syphilitic chancre is best described as which of the following?

- A. It is a hard chancre that is the first manifestation of syphilis**
- B. It is a soft, moist plaque on the lips
- C. It causes painful vesicular eruptions
- D. It occurs only on the palm

A chancre in primary syphilis is a single, hard, non-tender ulcer with indurated borders that appears at the site of inoculation a few weeks after exposure. It's the initial lesion of the infection and often heals on its own within several weeks. The other descriptions don't fit: a soft, moist lip plaque isn't a chancre; painful vesicles point to herpes; and chancres are not limited to the palm. So the best description is a hard chancre that marks the first manifestation of syphilis.

10. Immediately after birth, what happens to pulmonary vascular resistance and how does it affect the ductus arteriosus?

- A. Pulmonary vascular resistance decreases; the ductus arteriosus constricts
- B. Pulmonary vascular resistance stays the same; the ductus arteriosus remains open
- C. Pulmonary vascular resistance increases; the ductus arteriosus constricts
- D. Pulmonary vascular resistance increases; the ductus arteriosus stays open

Immediately after birth, the lungs expand and oxygen levels rise, causing pulmonary vascular resistance to fall. This drop in resistance allows more blood to flow through the lungs and, along with higher oxygen and lower placental prostaglandins, prompts the ductus arteriosus to constrict. The ductus arteriosus constriction closes the fetal shunt, redirecting blood to the lungs for oxygenation. In short, pulmonary vascular resistance decreases and the ductus arteriosus constricts, leading to functional closure soon after birth.

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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://ppcommblock6.examzify.com>

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

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