PPC/OMM BLOCK 8 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

1. Which of the following is a contraindication for CV4 cranial treatment?

A. Acute head trauma such as fracture or bleed

B. Seasonal allergies

C. Mild dehydration

D. Appetite loss

2. Which vertebral levels sympathetically innervate the esophagus and upper extremities?

A. T1-4

B. T4-7

C. T3-6

D. T5-9

3. The anterior Chapman point for the larynx is located 5-7 cm lateral to the sternocostal junction of which rib?

A. 3-4 cm Medial to 1st Rib and Clavicle

B. 5-7 cm Lateral to Sternocostal Junction of Rib 2

C. Between Rib 1 and 2 Adjacent to Sternum

D. Superior Aspect of Clavicles Just Lateral to Junction with 1st Rib

4. The anterior Chapman point for the spleen is located at which joint?

A. RIGHT 7th costochondral joint

B. LEFT 6th costochondral joint

C. LEFT 7th costochondral joint

D. LEFT 5th costochondral joint

5. Which of the following ranges is associated with sympathetic innervation of GI organs proximal to the ligament of Treitz?

A. T1-T4

B. T9-T11

C. T5-T9

D. T12-L2

6. Which of the following is NOT part of the erector spinae group?

A. Psoas

B. Iliocostalis

C. Longissimus

D. Spinalis

7. The Yergason test screens for which shoulder injury?

A. Rotator cuff tear

B. Acromioclavicular joint separation

C. Biceps tendon dislocation

D. Glenoid labrum tear

8. Which action is produced by the piriformis when the hip is extended?

A. Externally rotates the femur

B. Abducts the femur

C. Flexes the knee

D. Internally rotates

9. The anterior Chapman point for the pancreas is located at which costochondral joint?

A. LEFT 7th costochondral joint

B. RIGHT 5th costochondral joint

C. RIGHT 6th costochondral joint

D. RIGHT 7th costochondral joint

10. During sacral counternutation, what happens to the sacral base?

A. Base moves anterior

B. Base moves posterior

C. Base rotates

D. Base remains fixed

Answers

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

Explanations

1. Which of the following is a contraindication for CV4 cranial treatment?

A. Acute head trauma such as fracture or bleed

B. Seasonal allergies

C. Mild dehydration

D. Appetite loss

CV4 cranial treatment is a gentle, indirect cranial technique that aims to influence the cranial rhythmic impulse and autonomic balance. The safety concern here is avoiding any manipulation when there is acute injury to the head. An acute head trauma, such as a skull fracture or intracranial bleed, is a contraindication because applying cranial pressure or performing the technique could worsen bleeding, raise intracranial pressure, or displace fragments, risking further brain injury or herniation. For this reason CV4 should be avoided in the presence of an acute head injury. The other listed conditions do not involve an acute cranial injury or instability, so they do not automatically preclude CV4; seasonal allergies, mild dehydration, or appetite loss are not contraindications by themselves, though the overall clinical picture should always guide any manual therapy.

2. Which vertebral levels sympathetically innervate the esophagus and upper extremities?

A. T1-4

B. T4-7

C. T3-6

D. T5-9

Mid-thoracic sympathetic outflow supplies both the thoracic esophagus and the upper extremities. The preganglionic neurons lie in the intermediolateral cell column of the thoracic spinal cord, and their fibers enter the sympathetic chain to synapse in the chain's ganglia. Postganglionic fibers then reach their targets: for the esophagus, they join the thoracic esophageal plexus, influencing motor function and blood flow; for the upper limb, they travel with arteries to form periarterial and skin/vessel innervation in the arm. Because the same middle thoracic levels give rise to both of these pathways, those mid-thoracic segments are the ones most consistently implicated in sympathetic innervation of both the esophagus and the upper extremities.

3. The anterior Chapman point for the larynx is located 5-7 cm lateral to the sternocostal junction of which rib?

A. 3-4 cm Medial to 1st Rib and Clavicle

B. 5-7 cm Lateral to Sternocostal Junction of Rib 2

C. Between Rib 1 and 2 Adjacent to Sternum

D. Superior Aspect of Clavicles Just Lateral to Junction with 1st Rib

Chapman points are small, precise reflex points on the body used in OMM to reflect visceral tissues. The anterior point for the larynx is located in the second intercostal space, about 5 to 7 centimeters lateral to the sternocostal junction of the second rib. This specific location mirrors the reflex pathway from the larynx to the chest wall, so palpating and treating this point can address laryngeal dysfunction. The other locations described do not align with the larynx reflex point, as they correspond to different areas or are in different intercostal spaces.

4. The anterior Chapman point for the spleen is located at which joint?

A. RIGHT 7th costochondral joint

B. LEFT 6th costochondral joint

C. LEFT 7th costochondral joint

D. LEFT 5th costochondral joint

Chapman points are small, discrete spots on the body surface that reflect visceral function and guide treatment. An anterior point for a given organ lies on the chest wall at a location that corresponds to the organ's surface map and its sympathetic innervation. The spleen sits in the left upper quadrant, so its anterior Chapman point is on the left side. The classic location is the left 7th costochondral junction, which lines up with the spleen's visceral representation. Applying gentle pressure there can influence splenic lymphatics and autonomic tone. Locations on the right side or at different costochondral levels don't correspond to the spleen's surface map, so they aren't correct for this organ.

5. Which of the following ranges is associated with sympathetic innervation of GI organs proximal to the ligament of Treitz?

A. T1-T4

B. T9-T11

C. T5-T9

D. T12-L2

The key idea is that foregut structures (proximal to the ligament of Treitz) get sympathetic input mainly from the greater splanchnic nerve, which originates from spinal levels T5 through T9. These preganglionic fibers ascend to the celiac ganglion, synapse there, and postganglionic fibers ride along the celiac trunk to innervate the stomach, liver, pancreas, spleen, and proximal duodenum. So this T5–T9 range precisely matches the sympathetic supply to those foregut organs. Other ranges correspond to different regions: higher levels relate to head/neck and upper limbs, while T9–T12 or T12–L2 align with midgut and hindgut via lesser and lumbar splanchnic nerves.

6. Which of the following is NOT part of the erector spinae group?

A. Psoas

B. Iliocostalis

C. Longissimus

D. Spinalis

The back-extending, posture-maintaining muscle column along the spine is the erector spinae, which consists of three components: spinalis, longissimus, and iliocostalis. These muscles run parallel to the spine and work together to extend and stabilize the vertebral column. The psoas, on the other hand, is a deep hip flexor that originates on the lumbar vertebrae and inserts on the femur as part of the iliopsoas group. Its primary action is hip flexion, not back extension, so it is not included in the erector spinae. Therefore, the psoas is not part of that muscle group.

7. The Yergason test screens for which shoulder injury?

A. Rotator cuff tear

B. Acromioclavicular joint separation

C. Biceps tendon dislocation

D. Glenoid labrum tear

The Yergason test targets the long head of the biceps tendon as it sits in the bicipital groove, checking for instability or dislocation of that tendon. When the transverse humeral ligament or the groove itself is a problem, the long head of the biceps tendon can sublux or dislocate during resisted forearm supination with the elbow flexed. A positive result is pain in the front of the shoulder and/or a palpable or visible movement of the tendon as it slips out of the groove during the maneuver. Because this test specifically assesses the stability of the biceps tendon within the groove, it best identifies biceps tendon dislocation among the given options.

8. Which action is produced by the piriformis when the hip is extended?

A. Externally rotates the femur

B. Abducts the femur

C. Flexes the knee

D. Internally rotates

When the hip is extended, the piriformis acts as an external (lateral) rotator of the femur. Its fibers run from the sacrum to the greater trochanter in a path that, with the leg straight, pulls the thigh to rotate outward. This is why external rotation is produced in extension. If the hip were flexed, the piriformis shifts its role and can contribute to abduction and, at some angles, internal rotation, but in the extended position its primary action is external rotation. It isn't responsible for knee flexion.

9. The anterior Chapman point for the pancreas is located at which costochondral joint?

A. LEFT 7th costochondral joint

B. RIGHT 5th costochondral joint

C. RIGHT 6th costochondral joint

D. RIGHT 7th costochondral joint

Chapman points are small, tender fascial spots used in visceral palpation and treatment. The anterior point for the pancreas sits on the chest wall at the right 7th costochondral junction. This specific location reflects the established mapping of visceral points to the anterior chest, corresponding to the pancreas's neural and fascial relationships. Palpating and treating this point can help address pancreatic-related dysfunction. The other options place the point at different ribs or on the left side, which do not correspond to the pancreas in this system.

10. During sacral counternutation, what happens to the sacral base?

A. Base moves anterior

B. Base moves posterior

C. Base rotates

D. Base remains fixed

During sacral counternutation, the sacral base tilts backward relative to the pelvis. This posterior tilt occurs as the sacrum extends with respect to the ilia, opposite to nutation where the base tilts forward. Clinically, counternutation is associated with trunk extension, and the coccyx may move anteriorly while the base moves posteriorly. So the sacral base moves posteriorly during counternutation.

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://ppcommblock8.examzify.com

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