Principles of Chiropractic Practice Test (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

1. Which element is essential to include in patient education for back pain management?

A. Anatomy basics

B. Advanced surgical options

C. Detailed pharmacokinetics unrelated to pain

D. Diagnostic imaging schedules

2. Which statement best distinguishes a theory from a hypothesis?

A. The Theory Does Not Necessarily Have to Be True, but the Hypothesis Is Always True

B. The Theory Must Be Well Defined, Quantified, and Detailed

C. The Theory Is a General Concept While the Hypothesis Is Specifically Defined

D. Theories Can Only Be Inductive, but Hypotheses May Be Either Inductive or Deductive

3. Dr. Denslow studied fixated segments by utilizing _____.

A. animal subjects

B. cadavers

C. chiropractic adjustments

D. EMG's

4. Which model explicitly includes nerve interference, pressure at the IVF, and x-ray visibility as components?

A. Segmental Dysfunction Model

B. BOOP Model

C. Nerve Interference Only Model

D. X-ray Visibility Only Model

5. Which is NOT a diagnostic feature of the afferentation model of the subluxation?

A. Pain on palpation

B. Paraspinal muscle hypertonicity

C. Sweating

D. Vertebral malposition

6. Which option correctly states the BOOP hypothesis emphasis?

- **A. Afferentation**
- **B. Efferentation**
- **C. Exaggeration of reflexes**
- **D. All of the above**

7. What is the role of pre-manipulative cervical vascular risk screening?

- **A. To decide which exercises to prescribe**
- **B. To identify patients at risk of vascular complications during manipulation**
- **C. To determine patient insurance coverage**
- **D. To measure cervical spine ROM**

8. Which of the following describes a neuron under facilitation due to increased irritation and decreased inhibition?

- **A. Decreased irritation, decreased inhibition**
- **B. Increased irritation, decreased inhibition**
- **C. Increased irritation, increased inhibition**
- **D. Decreased irritation, increased inhibition**

9. Which activity best demonstrates a chiropractor's role in workplace ergonomics?

- **A. Ignoring worker safety**
- **B. Prescribing medications**
- **C. Conducting ergonomic assessments**
- **D. Performing surgery**

10. The fixation model emphasizes _____ as the causative factor for exaggerated reflexes.

- **A. Diminished mechanoreceptive afferentation**
- **B. Decreased visceral afferentation**
- **C. IVF encroachment**
- **D. Loss of somatic efferentation**

Answers

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

Explanations

1. Which element is essential to include in patient education for back pain management?

A. Anatomy basics

B. Advanced surgical options

C. Detailed pharmacokinetics unrelated to pain

D. Diagnostic imaging schedules

Understanding how the spine and its supporting structures work is the foundation for effective back pain management. When patients know the basic anatomy—bones of the spine, intervertebral discs, facet joints, ligaments, muscles, and the way nerves pass through—their decisions about movement, posture, and exercise become more purposeful. This knowledge helps them use safer lifting techniques, adopt positions that protect the spine, and engage in targeted exercises that build core stability and improve flexibility. With this understanding, they can pace activities, gradually load the spine, and recognize which movements are beneficial versus potentially harmful. This foundation also reduces fear by showing that back pain often relates to how the spine is moving and stabilizing rather than something inherently dangerous, which supports better adherence to a conservative management plan. In contrast, topics like advanced surgical options, detailed pharmacokinetics unrelated to pain, or scheduling diagnostic imaging are not as directly actionable for everyday management and are typically addressed in more specific contexts.

2. Which statement best distinguishes a theory from a hypothesis?

A. The Theory Does Not Necessarily Have to Be True, but the Hypothesis Is Always True

B. The Theory Must Be Well Defined, Quantified, and Detailed

C. The Theory Is a General Concept While the Hypothesis Is Specifically Defined

D. Theories Can Only Be Inductive, but Hypotheses May Be Either Inductive or Deductive

Think about how science organizes ideas: a theory is a broad, well-supported framework that explains a wide range of phenomena, tying together many observations and laws. A hypothesis is a precise, testable statement that follows from that theory and makes a specific prediction you can check with data. So the best choice is the one that says the theory is a general concept while the hypothesis is specifically defined. In practice, hypotheses are what you test to see if the theory holds up, and theories can be refined or revised as evidence accumulates. The other options mix up ideas about truth, quantification, or the logic used to form theories and hypotheses.

3. Dr. Denslow studied fixated segments by utilizing _____.

A. animal subjects

B. cadavers

C. chiropractic adjustments

D. EMG's

Measuring muscle activity is essential to understand how a fixated spinal segment behaves in the living body. Electromyography records the electrical signals that muscles generate, giving a direct readout of their level of activation, tone, and coordination around a segment. This allows you to see patterns of muscle guarding or hypertonicity that indicate a fixation and to track how those patterns change with movement or procedure. Dr. Denslow used EMG to quantify fixations in real-time, providing objective, functional data about the neuromuscular state of the spine. While studying cadavers or making observations after adjustments can reveal structure or outcomes, they don't capture active muscle function. EMG offers the precise functional insight needed to assess fixated segments.

4. Which model explicitly includes nerve interference, pressure at the IVF, and x-ray visibility as components?

A. Segmental Dysfunction Model

B. BOOP Model

C. Nerve Interference Only Model

D. X-ray Visibility Only Model

The BOOP model is designed to bring together neural, mechanical, and radiographic aspects of subluxation into one framework. It explicitly includes nerve interference, recognizes that pressure at the intervertebral foramen can affect neural function, and uses radiographic visibility to reflect structural changes. This combination makes it the best choice when the question asks for all three components together. In contrast, a segmental dysfunction approach centers mainly on motion or mechanical issues at a segment without necessarily tying in nerve interference or radiographic criteria; a nerve interference–only model focuses on neural disruption but omits explicit foraminal pressure and x-ray considerations; and an x-ray visibility–only model relies on imaging findings without integrating neural or foraminal pressures.

5. Which is NOT a diagnostic feature of the afferentation model of the subluxation?

A. Pain on palpation

B. Paraspinal muscle hypertonicity

C. Sweating

D. Vertebral malposition

In the afferentation model, subluxation is identified by neurophysiological changes driven by altered afferent input from spinal tissues, not by how the bones sit. Diagnostic signs reflect autonomic and reflexive tissue responses rather than visible structural misalignment. Sweating can indicate autonomic alteration in the affected region, paraspinal muscle hypertonicity shows reflexive muscle guarding from abnormal afferent signaling, and pain on palpation reflects local tissue sensitization and altered neuro-activation. Vertebral malposition, while a structural observation, is not a diagnostic feature of this model because subluxation is defined by neurophysiological signs rather than bone position alone.

6. Which option correctly states the BOOP hypothesis emphasis?

A. Afferentation

B. Efferentation

C. Exaggeration of reflexes

D. All of the above

The central idea here is that the BOOP hypothesis stresses motor control signals traveling from the brain and spinal cord to the muscles—efferentation. This emphasis means dysfunction is viewed as arising from abnormal efferent output that alters muscle tone and joint mechanics, and that adjustments work by modulating these motor signals. Sensory input to the CNS (afferentation) is not the focus of this hypothesis, and while reflex activity can be involved, the main point is the motor commands themselves. So, efferentation best captures what the BOOP hypothesis emphasizes.

7. What is the role of pre-manipulative cervical vascular risk screening?

A. To decide which exercises to prescribe

B. To identify patients at risk of vascular complications during manipulation

C. To determine patient insurance coverage

D. To measure cervical spine ROM

The main purpose of pre-manipulative cervical vascular risk screening is to identify patients who may have vascular problems that could be worsened by cervical spine manipulation. The cervical area involves major arteries, so certain individuals—such as those with a history of stroke or transient ischemic symptoms, known vascular disease, connective tissue disorders, or recent neck trauma—could be at higher risk for vascular complications like vertebral artery injury during manipulation. By screening with targeted questions and looking for red flags (for example sudden neck pain with neurological signs, dizziness or vertigo, drop attacks, severe headaches, or other vascular symptoms), the clinician can decide whether it is safe to proceed, modify the technique, or refer for medical evaluation. The goal is patient safety during care. It isn't about choosing exercises, measuring range of motion, or determining insurance coverage.

8. Which of the following describes a neuron under facilitation due to increased irritation and decreased inhibition?

A. Decreased irritation, decreased inhibition

B. Increased irritation, decreased inhibition

C. Increased irritation, increased inhibition

D. Decreased irritation, increased inhibition

Facilitation means the neuron becomes more excitable and easier to trigger. When irritation increases, the neuron receives stronger or more effectively summated excitatory input, lowering the threshold for firing. If inhibition decreases, the normal dampening influence from inhibitory inputs is reduced, so the neuron is less restrained and fires more readily. Putting these together, a neuron under facilitation is characterized by increased irritation and decreased inhibition, which makes it highly responsive to stimuli. If irritation were reduced or inhibition increased, the neuron would be less likely to fire, not facilitated.

9. Which activity best demonstrates a chiropractor's role in workplace ergonomics?

A. Ignoring worker safety

B. Prescribing medications

C. Conducting ergonomic assessments

D. Performing surgery

Workplace ergonomics focuses on preventing injury by aligning work tasks with how the body moves best. Conducting ergonomic assessments best demonstrates a chiropractor's role in this area because it puts assessment and environmental optimization at the center of prevention. By evaluating how a worker sits, where the chair, desk, monitor, and keyboard are placed, and how tasks are performed—especially repetitive motions or lifting—the chiropractor can identify awkward postures and risky movements. They then offer practical changes such as adjusting chair height and lumbar support, correcting monitor distance, arranging keyboards to keep wrists neutral, advising proper lifting techniques, and recommending micro-breaks and targeted stretches. These steps help maintain a neutral spine and reduce cumulative strain, which is exactly what workplace ergonomics aims to achieve. Other actions don't showcase this preventive, environmental focus. Ignoring worker safety contradicts the professional role. Prescribing medications addresses symptoms rather than the workspace itself. Performing surgery is not an ergonomic intervention in a typical workplace setting.

10. The fixation model emphasizes _____ as the causative factor for exaggerated reflexes.

A. Diminished mechanoreceptive afferentation

B. Decreased visceral afferentation

C. IVF encroachment

D. Loss of somatic efferentation

The fixation model attributes exaggerated reflexes to reduced input from joint mechanoreceptors. These receptors continuously provide feedback about joint position and movement, helping to modulate reflex circuits. When a joint becomes fixated, its mechanoreceptive signaling diminishes, removing part of the normal inhibitory input to the spinal reflex pathways. The result is an increased excitability of those reflexes, leading to exaggerated responses. Other options don't fit this mechanism: visceral afferentation involves organs rather than joints; intervertebral foraminal encroachment is a structural issue that doesn't explain reflex modulation via mechanoreceptor input; and loss of somatic efferentation would typically reduce reflex activity rather than exaggerate it.

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://principlesofchiropractic.examzify.com

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