

PRINCIPLES OF CHIROPRACTIC PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://principlesofchiropractic.examzify.com>



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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. Which elements are typically included in a comprehensive chiropractic clinical examination?**
 - A. Patient history, systems review, physical examination, orthopedic and neurological testing, and selective imaging when indicated.
 - B. Surgical evaluation and anesthesia assessment.
 - C. Blood tests and genetic screening only.
 - D. Financial status and insurance benefits only.
- 2. For patients with comorbidities or older adults, which practice is NOT recommended?**
 - A. Screen for interactions and coordinate with primary care
 - B. Modify techniques as needed
 - C. Adjust visit frequency based on tolerance
 - D. Increase treatment frequency without reassessment
- 3. Which principle is traditionally associated with traditional chiropractic practice?**
 - A. Holism
 - B. Genetic determinism
 - C. Cardiac regulation
 - D. Hormonal balance
- 4. Which statement best describes empirical data in scientific inquiry?**
 - A. Data derived from theory only
 - B. Data derived from observation and experiment
 - C. Data ignored in hypothesis testing
 - D. Data collected after forming a paradigm
- 5. Which statement correctly distinguishes afferentation from efferentation?**
 - A. Afferentation carries motor commands away from the CNS
 - B. Efferentation carries sensory information to the CNS
 - C. Afferentation and efferentation are the same
 - D. Afferentation carries sensory information to the CNS; efferentation carries motor commands from the CNS

- 6. Which statement about 'Subluxation Causes Disease' is described as inductively researchable as a theory?**
- A. This Statement Can Be Neither Quantified Nor Defined
 - B. This Statement Lends Itself as a Theory Capable of Being Inductively Researched
 - C. This Statement Is a Principle Which Defines the Chiropractic Paradigm
 - D. This Is a Hypothesis Derived from Evidence Provided by Research
- 7. The first chiropractic textbook was titled?**
- A. Modernized Chiropractic
 - B. The Chiropractor
 - C. The Art and Science of Chiropractic
 - D. The Principled Chiropractor
- 8. How does patient education influence treatment outcomes?**
- A. It has no effect on outcomes
 - B. It worsens adherence
 - C. It improves adherence, reduces fear, and enhances engagement with the care plan
 - D. It guarantees cure
- 9. According to Dr. Leach, which of the following was a result of the Morikubo trial?**
- A. Renewed interest in applying the scientific method to chiropractic research
 - B. Return to the inductive approach to teaching in the chiropractic colleges
 - C. Criticism of the Palmerian hypothesis
 - D. Emphasis placed on vitalism in chiropractic principles
- 10. The VA fiber can be classified as either A-mechanoreceptor or C-nociceptive. Which option best expresses this?**
- A. C-nociceptive
 - B. None of the above
 - C. A-mechanoreceptor
 - D. Either of the above

Answers

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

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Explanations

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1. Which elements are typically included in a comprehensive chiropractic clinical examination?

A. Patient history, systems review, physical examination, orthopedic and neurological testing, and selective imaging when indicated.

B. Surgical evaluation and anesthesia assessment.

C. Blood tests and genetic screening only.

D. Financial status and insurance benefits only.

A thorough chiropractic clinical examination combines history, systems review, a hands-on physical exam, orthopedic and neurological testing, and selective imaging when indicated to establish a safe and accurate plan of care. Starting with patient history sets the scene: you capture the chief complaint, onset and duration of symptoms, factors that worsen or relieve it, prior treatments, and any general health issues that could influence the presenting problem. This narrative helps you form hypotheses about what might be happening and identifies red flags that require caution or further evaluation. Systems review complements history by screening for issues outside the musculoskeletal system that could affect diagnosis or treatment decisions. It acts like a safety check to catch conditions that might mimic musculoskeletal pain or contraindicate certain interventions. The physical examination translates history into observable findings. It includes general observations, posture and gait analysis, palpation for tenderness and tissue texture changes, and assessment of movement and function. This portion helps you gauge the structural and functional status of the spine and related regions. Orthopedic and neurological testing adds specificity, helping differentiate joint, nerve, disc, or soft-tissue sources of pain. Through targeted maneuvers and reflex checks, you can localize symptoms and identify patterns that point toward particular structures or nerve involvement. Selective imaging when indicated ensures that serious conditions are not overlooked and that manipulative or other treatments are appropriate and safe. Imaging is used judiciously—reserved for cases with trauma, neurological deficits, persistent atypical symptoms, or uncertain diagnoses—to confirm or refine clinical hypotheses without exposing the patient to unnecessary radiation. The other options don't fit the typical scope of a comprehensive chiropractic assessment because they focus on areas not central to initial musculoskeletal evaluation or safety screening, such as surgical planning, limited laboratory screening, or non-clinical factors like finances. The described combination of history, systems review, physical examination, orthopedic and neurological testing, and selective imaging captures the broad, safety-conscious approach chiropractors use to understand and manage a patient's condition.

2. For patients with comorbidities or older adults, which practice is NOT recommended?

A. Screen for interactions and coordinate with primary care

B. Modify techniques as needed

C. Adjust visit frequency based on tolerance

D. Increase treatment frequency without reassessment

The key idea here is safety and personalization for patients with comorbidities or who are older. When planning care for these individuals, you should base decisions on their current status, tolerability, and overall medical picture, not on a fixed schedule. Increasing treatment frequency without reassessing the patient bypasses this essential check and can lead to adverse effects, fatigue, or interactions with medications. Instead, you should screen for interactions and coordinate with the primary care physician, modify techniques to fit physical limitations, and adjust visit frequency according to how well the patient tolerates and responds to treatment. Only through ongoing assessment can frequency and approach be safely tailored to each person.

3. Which principle is traditionally associated with traditional chiropractic practice?

- A. Holism**
- B. Genetic determinism
- C. Cardiac regulation
- D. Hormonal balance

Holism is the idea that health comes from the integrated function of the whole person, not just isolated parts. In traditional chiropractic practice, the spine and nervous system are viewed as central to overall wellbeing, so care aims to influence global function and balance across the body, considering biomechanics, lifestyle, and how the parts fit together. This broad, person-centered perspective distinguishes chiropractic philosophy from more reductionist notions. By focusing on the whole system, chiropractors look for patterns of imbalance that could affect overall health, rather than addressing only one specific physiological process.

4. Which statement best describes empirical data in scientific inquiry?

- A. Data derived from theory only
- B. Data derived from observation and experiment**
- C. Data ignored in hypothesis testing
- D. Data collected after forming a paradigm

Empirical data are observations and measurements obtained by watching, testing, and recording what happens in the real world. In science, you test ideas by gathering information through careful observation or controlled experiments, and you use that information as evidence to support, refine, or challenge a hypothesis. Because empirical data come from actual experience and can be measured or verified by others, they ground conclusions in what can be observed rather than solely in theory or speculation. This is what makes data derived from observation and experiment the best description of empirical data. Data that only come from theory, or that aren't used in testing hypotheses, aren't empirical in the same sense, and data collected after forming a paradigm may still be empirical but aren't defining of the concept.

5. Which statement correctly distinguishes afferentation from efferentation?

- A. Afferentation carries motor commands away from the CNS
- B. Efferentation carries sensory information to the CNS
- C. Afferentation and efferentation are the same
- D. Afferentation carries sensory information to the CNS; efferentation carries motor commands from the CNS**

Understanding afferentation and efferentation hinges on direction relative to the central nervous system. Afferentation refers to sensory information traveling toward the CNS, while efferentation refers to motor commands traveling away from the CNS to muscles or glands. The correct statement captures this: sensory input is carried to the CNS, and motor output is carried from the CNS to effectors. For example, when you touch something hot, sensory nerves bring the signal to the spinal cord (afferent path), and the CNS sends a motor command to withdraw the hand (efferent path). The other ideas mix up the direction or imply they're the same, which they are not.

6. Which statement about 'Subluxation Causes Disease' is described as inductively researchable as a theory?

- A. This Statement Can Be Neither Quantified Nor Defined
- B. This Statement Lends Itself as a Theory Capable of Being Inductively Researched**
- C. This Statement Is a Principle Which Defines the Chiropractic Paradigm
- D. This Is a Hypothesis Derived from Evidence Provided by Research

Inductive research builds general understanding from observed data, so a claim can be investigated as a theory when it can be described in a way that data can be collected and used to support or refute it. The statement "Subluxation causes disease" can be approached as a theory only if it's framed in a way that allows empirical investigation with definable, observable concepts. Saying it lends itself as a theory capable of being inductively researched means it can be tested through observations, measurements, and patterns across cases, leading to generalizable conclusions. If it's described as unable to be quantified or defined, or as a mere principle defining a paradigm, or as a hypothesis already grounded in evidence, it loses the openness and structural fit for inductive theory-building. Therefore, the best description is that it lends itself as a theory capable of being inductively researched.

7. The first chiropractic textbook was titled?

- A. Modernized Chiropractic**
- B. The Chiropractor
- C. The Art and Science of Chiropractic
- D. The Principled Chiropractor

Historically, the first chiropractic textbook was titled Modernized Chiropractic. This early text marked the profession's transition from pamphlet-like writings to a structured curriculum, introducing the idea that vertebral misalignments affect nerve function and can be addressed with specific adjustments. It provided foundational terminology and principles that guided early students and practitioners, establishing a reference point for the fledgling field. The other titles emerged later and did not originate as the profession's first formal textbook.

8. How does patient education influence treatment outcomes?

- A. It has no effect on outcomes
- B. It worsens adherence
- C. It improves adherence, reduces fear, and enhances engagement with the care plan**
- D. It guarantees cure

Helping patients understand their condition and the plan for care changes outcomes by empowering them to take an active role. When patients know why a treatment is recommended, what steps to take at home, and what to expect along the way, they're more likely to follow instructions, stick with exercises or lifestyle changes, and keep up with follow-up visits. This better adherence translates into more consistent benefits from the care, fewer relapses, and improved function. Reducing fear and misconceptions also lowers anxiety that can magnify symptoms, making it easier for patients to engage with the treatment and stay motivated. When patients feel informed and involved, they participate more fully in decision-making and monitoring progress, which enhances overall care results. While education greatly supports better outcomes, it doesn't guarantee a cure, since success depends on multiple factors beyond education alone.

9. According to Dr. Leach, which of the following was a result of the Morikubo trial?

- A. Renewed interest in applying the scientific method to chiropractic research
- B. Return to the inductive approach to teaching in the chiropractic colleges
- C. Criticism of the Palmerian hypothesis

D. Emphasis placed on vitalism in chiropractic principles

The Morikubo trial helped define chiropractic identity by establishing it as a distinct field separate from medicine. Its acquittal allowed chiropractors to present a healing approach based on their own principles rather than the medical model, and this often included a vitalistic view—the idea that the body has an innate healing power and that the spine's condition can influence nerve function. This combination gave vitalism a prominent, enduring place in chiropractic principles, shaping how the profession taught, regulated, and presented itself. The trial wasn't primarily about adopting the scientific method or shifting teaching approaches, nor did it settle debates about the Palmerian hypothesis; its lasting impact was to solidify a professional identity that highlights vitalistic ideas.

10. The VA fiber can be classified as either A-mechanoreceptor or C-nociceptive. Which option best expresses this?

- A. C-nociceptive
- B. None of the above
- C. A-mechanoreceptor

D. Either of the above

The same sensory fiber can be described using different criteria, and in this context it can map to more than one category. Sensory signals are often labeled by conduction speed (A vs C) and by what they convey (mechanical information vs nociceptive, i.e., pain). A VA fiber is described in a way that allows it to be viewed as a fast, mechanoreceptive A-type in one context and as a nociceptive C-type in another. Because both classifications can apply depending on which characteristic you focus on, the most accurate expression is that it can be either. This avoids forcing the fiber into a single, exclusive label.

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!

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