

PT Orthopedic Clinical Specialist (OCS) Clinical Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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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 is part of the diagnostic criteria for glenohumeral joint osteoarthritis?**
 - A. Shoulder pain >3 months**
 - B. Instability of the joint**
 - C. Localized pain to the AC joint**
 - D. Normal ROM**

- 2. Which set of tests is commonly used in carpal tunnel syndrome evaluation?**
 - A. Katz hand diagram, Phalen test, Tinel sign, and carpal compression test**
 - B. McMurray test and Lachman drawer**
 - C. O'Connell test and phrenic nerve stimulation**
 - D. Finkelstein test and Heberden's nodes**

- 3. Lateral elbow tendonitis most commonly involves which tendons?**
 - A. ECRB and Extensor Digitorum Tendons**
 - B. Flexor Carpi Ulnaris**
 - C. Brachioradialis**
 - D. Anconeus**

- 4. Which outcome measures are recommended for carpal tunnel syndrome?**
 - A. CTQ-SSS, CTQ-FS, and DASH**
 - B. Jebsen-Taylor Hand Function Test**
 - C. Purdue Pegboard**
 - D. Michigan Hand Questionnaire**

- 5. Which factor is listed as a risk for glenohumeral joint arthritis?**
 - A. Overhead sports**
 - B. Childhood arthritis**
 - C. Regular swimming**
 - D. Low-impact activities**

- 6. Neer's sign is associated with which type of impingement?**
- A. External Impingement**
 - B. Internal Impingement**
 - C. Posterior Impingement**
 - D. Nociplastic Impingement**
- 7. Which factor is commonly associated with secondary adhesive capsulitis?**
- A. Prolonged immobilization**
 - B. Acute infection**
 - C. Overhead athletic activity without immobilization**
 - D. Vitamin deficiency**
- 8. Nociplastic pain is best described as central sensitization.**
- A. True**
 - B. False**
 - C. Nociceptive Pain**
 - D. Neuropathic Pain**
- 9. Which Level B risk factor is associated with primary adhesive capsulitis?**
- A. Diabetes**
 - B. Osteoarthritis**
 - C. Hypertension**
 - D. Hyperlipidemia**
- 10. Post-Latarjet immobilization duration is typically which of the following?**
- A. Immobilize 4 weeks.**
 - B. Immobilize 12 weeks.**
 - C. Immediate ROM is allowed.**
 - D. No immobilization is used.**

Answers

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

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Explanations

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1. Which is part of the diagnostic criteria for glenohumeral joint osteoarthritis?

- A. Shoulder pain >3 months**
- B. Instability of the joint**
- C. Localized pain to the AC joint**
- D. Normal ROM**

Chronic, long-lasting shoulder pain is the key feature used to identify glenohumeral joint osteoarthritis. When pain persists for more than three months, it implies a degenerative process within the joint rather than an acute or non-articular issue. In OA of the shoulder, you'd expect mechanical-type pain that worsens with use and activities, and physical exam often reveals reduced range of motion and possible crepitus, with imaging showing degenerative changes like joint-space narrowing and osteophytes. Instability points toward ligamentous laxity or a prior dislocation, not osteoarthritis. Localized pain at the AC joint suggests AC joint pathology, not the glenohumeral joint. Normal range of motion would be unusual in established GH joint OA, which typically limits motion due to pain and stiffness. Therefore, persistent shoulder pain for more than three months is the best fit.

2. Which set of tests is commonly used in carpal tunnel syndrome evaluation?

- A. Katz hand diagram, Phalen test, Tinel sign, and carpal compression test**
- B. McMurray test and Lachman drawer**
- C. O'Connell test and phrenic nerve stimulation**
- D. Finkelstein test and Heberden's nodes**

Carpal tunnel syndrome evaluation focuses on provoking and mapping median nerve symptoms at the wrist. Phalen's maneuver places the wrists in flexion to briefly compress the median nerve, often reproducing numbness or tingling in the thumb, index, middle, and part of the ring finger. Tinel's sign taps over the carpal tunnel and can elicit paresthesias along the median nerve distribution. The carpal compression test applies direct pressure over the carpal tunnel to provoke symptoms. The Katz hand diagram helps chart where symptoms occur and how they affect hand function, clarifying the pattern of CTS symptoms versus other hand issues. Together, these tests specifically assess median nerve impairment at the wrist and are commonly used in CTS evaluation. The other sets do not target the median nerve at the carpal tunnel and are used for different conditions (knee injuries; De Quervain's tenosynovitis; OA).

3. Lateral elbow tendonitis most commonly involves which tendons?

- A. ECRB and Extensor Digitorum Tendons**
- B. Flexor Carpi Ulnaris**
- C. Brachioradialis**
- D. Anconeus**

Lateral elbow tendonitis is a tendinopathy at the common extensor origin at the lateral epicondyle, with the extensor carpi radialis brevis being the tendon most commonly involved. This tendon bears a lot of load during wrist extension and gripping, so repetitive use leads to microtears and degeneration there. The extensor digitorum tendon is often involved as well because it shares the same region and is closely connected to the same tendon complex, so pain can extend to or involve that tendon too. The other tendons listed are less likely culprits in this condition. Flexor carpi ulnaris lies on the medial side of the elbow, not the lateral side where this tendinopathy occurs. Brachioradialis and the anconeus are not the primary tendons bearing the load that characterizes lateral epicondylitis, so they're not typically the main sources of pain.

4. Which outcome measures are recommended for carpal tunnel syndrome?

- A. CTQ-SSS, CTQ-FS, and DASH**
- B. Jebsen-Taylor Hand Function Test**
- C. Purdue Pegboard**
- D. Michigan Hand Questionnaire**

In carpal tunnel syndrome, the best outcome measures combine a CTS-specific questionnaire with a broad upper-extremity disability measure. The Carpal Tunnel Questionnaire provides two targeted pieces: a Symptom Severity Scale that quantifies the intensity and impact of CTS symptoms (numbness, tingling, night symptoms, pain, etc.), and a Functional Status Scale that assesses how CTS affects hand-related activities. Pairing these with the DASH, a comprehensive patient-reported measure of upper-extremity disability, gives both disease-specific detail and a broad view of functional impact, allowing sensitive tracking of change after treatment. Other options focus more on general hand function tests or dexterity tasks rather than capturing CTS-specific symptom burden and functional limitations, so they don't provide as complete a picture for CTS outcomes.

5. Which factor is listed as a risk for glenohumeral joint arthritis?

- A. Overhead sports**
- B. Childhood arthritis**
- C. Regular swimming**
- D. Low-impact activities**

Overhead loading of the shoulder subjects the glenohumeral joint to high, repetitive forces during activities that involve lifting the arm overhead. This pattern causes microtrauma to the articular cartilage and stress to the labrum and surrounding soft tissues, leading to progressive wear and degenerative changes over time that can culminate in arthritis. In contrast, regular swimming and other low-impact activities place less extreme joint stresses and are less likely to drive degenerative changes. Childhood arthritis isn't a typical direct risk factor for glenohumeral OA later on, whereas repetitive overhead use is a well-recognized contributor to joint degeneration.

6. Neer's sign is associated with which type of impingement?

- A. External Impingement**
- B. Internal Impingement**
- C. Posterior Impingement**
- D. Nociplastic Impingement**

Neer's sign detects subacromial (external) impingement. The test is performed with the arm forward-flexed while the scapula is stabilized; this motion pushes the humeral head upward under the acromion, narrowing the subacromial space. If this reproduces anterior shoulder pain, it points to impingement of the rotator cuff tendons (primarily the supraspinatus) under the acromion, which is the classic subacromial/external impingement pattern. Internal impingement, in contrast, involves contact between the rotator cuff tendons and the posterior glenoid rim and is typically elicited with the arm in abduction and external rotation, often seen in throwers. Nociplastic impingement is not a standard mechanism used to describe this test. In short, Neer's sign is a bedside indicator of external (subacromial) impingement.

7. Which factor is commonly associated with secondary adhesive capsulitis?

- A. Prolonged immobilization**
- B. Acute infection**
- C. Overhead athletic activity without immobilization**
- D. Vitamin deficiency**

Prolonged immobilization is a classic trigger for secondary adhesive capsulitis. When the shoulder is kept still after an injury, surgery, or dislocation, the joint capsule and surrounding structures don't move through their normal range. This disuse leads to fibrosis and thickening of the capsule, creating a restrictive, contractile joint. Over time, this produces the characteristic capsular pattern of loss of motion—external rotation most limited, followed by abduction and internal rotation—along with pain. The other options don't fit as well. An acute infection isn't a typical precursor to adhesive capsulitis and would present with signs of infection plus a different joint pathology. Overhead activity without immobilization tends toward overuse injuries like tendinopathy or impingement, not a fibrotic capsular contraction. Vitamin deficiency isn't a recognized driver of adhesive capsulitis.

8. Nociceptive pain is best described as central sensitization.

- A. True**
- B. False**
- C. Nociceptive Pain**
- D. Neuropathic Pain**

Nociceptive pain reflects altered processing of pain in the central nervous system, leading to central sensitization. This means the CNS becomes more excitable and amplifies pain signaling, producing heightened pain responses (like allodynia and hyperalgesia) even when there isn't clear ongoing tissue damage or a somatosensory nerve lesion. That's why nociceptive pain is best described as central sensitization. Nociceptive pain, in contrast, comes from actual tissue injury that activates nociceptors, and neuropathic pain arises from a lesion or disease of the somatosensory pathways. So the statement is true.

9. Which Level B risk factor is associated with primary adhesive capsulitis?

- A. Diabetes**
- B. Osteoarthritis**
- C. Hypertension**
- D. Hyperlipidemia**

A strong link exists between diabetes and primary adhesive capsulitis. Diabetes mellitus contributes to changes in connective tissue through non-enzymatic glycation of collagen, leading to stiffer, thicker joint capsules and a propensity for contracture. This makes the shoulder more likely to develop the painful loss of motion characteristic of frozen shoulder, especially external rotation and progression to abduction limitations. While hypertension, hyperlipidemia, and osteoarthritis are common conditions in many patients, they do not have as consistent or direct an association with the development of primary adhesive capsulitis as diabetes does.

10. Post-Latarjet immobilization duration is typically which of the following?

- A. Immobilize 4 weeks.**
- B. Immobilize 12 weeks.**
- C. Immediate ROM is allowed.**
- D. No immobilization is used.**

Protecting the graft and allowing bone healing are the priorities after a Latarjet procedure. Immobilizing in a sling for about four weeks provides the necessary stability for the coracoid graft to consolidate and for the fixation to take hold, reducing the risk of graft displacement or nonunion. After this period, the shoulder can begin a graded ROM progression—starting with gentle, assisted motion to maintain joint mobility without stressing the repair, followed by strengthening as healing advances. Longer immobilization, such as twelve weeks, increases the risk of shoulder stiffness, adhesive capsulitis, and muscle atrophy without offering additional protective benefit once early bone healing has occurred. Immediate ROM or no immobilization would place undue stress on the graft fixation during the critical early healing window, risking graft movement or failure.

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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://ptocsclinical.examzify.com>

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

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