

PT Orthopedic Clinical Specialist (OCS) Clinical Practice Exam (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

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- 1. Which of the following is a potential component of vestibular-oculomotor management that may be provided?**
 - A. Canalith repositioning**
 - B. Implement individualized vestibulo-ocular rehab plan**
 - C. Habituation program**
 - D. Refer to vestibular expert prn**

- 2. Which approach is recommended for aerobic exercise progression in concussion management?**
 - A. Symptom-guided progressive aerobic exercise**
 - B. No aerobic exercise at all**
 - C. Only resistance training**
 - D. Rest without activity**

- 3. In tendon pathology, the suffix -osis indicates which concept?**
 - A. Acute**
 - B. Chronic**
 - C. Both**
 - D. Healing**

- 4. Which SLAP tear type is the bucket handle tear extending into the biceps?**
 - A. Type IV**
 - B. Type II**
 - C. Type I**
 - D. Type III**

- 5. Neer's sign is associated with which type of impingement?**
 - A. External Impingement**
 - B. Internal Impingement**
 - C. Posterior Impingement**
 - D. Nociplastic Impingement**

- 6. What is the hallmark finding of adhesive capsulitis?**
- A. Loss of ROM spontaneously, especially ER**
 - B. Painful arc**
 - C. Instability signs**
 - D. Pain with resisted abduction**
- 7. Which AC joint sprain type is characterized by posterior displacement of the distal clavicle into or through the trapezius?**
- A. Type 4**
 - B. Type 5**
 - C. Type 6**
 - D. Type 1**
- 8. Glenoid version: increased retroversion is associated with which change in ROM?**
- A. Increased External Rotation and Decreased Internal Rotation**
 - B. Increased Internal Rotation and Decreased External Rotation**
 - C. No Change in ROM**
 - D. Increased Abduction Only**
- 9. Adhesive capsulitis stage 4 features which combination?**
- A. Pain decreases, ROM improves**
 - B. Thawing stage lasting 15-24 months with pain lessening and stiffness remaining**
 - C. Inflammatory peak stage with severe pain**
 - D. Rapid resolution within weeks**
- 10. Which option describes a triage consideration for movement impairments after concussion?**
- A. Triage to movement related impairments (PT) or no movement related impairments**
 - B. Design POC with ICF, self-management, and level of irritability**
 - C. Refer for further consult**
 - D. Do nothing**

Answers

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

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Explanations

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1. Which of the following is a potential component of vestibular-oculomotor management that may be provided?

- A. Canalith repositioning**
- B. Implement individualized vestibulo-ocular rehab plan**
- C. Habituation program**
- D. Refer to vestibular expert prn**

Habituation is a defined approach within vestibular rehabilitation that reduces dizziness by repeatedly exposing the patient to movements or visual tasks that provoke symptoms. Over time, this repeated exposure promotes central adaptation, decreasing the sensitivity of the vestibular system to those motions and improving tolerance and function. Because it can be tailored to each person's specific triggers and progression is gradual, a habituation program fits well as a potential component of vestibular-oculomotor management. In contrast, canalith repositioning is a specific procedure aimed at moving loose otoliths in BPPV, rather than a broad vestibular-oculomotor therapy. Referring to a vestibular expert is a referral action rather than a direct rehab component. While creating a personalized vestibulo-ocular rehab plan is part of care, habituation stands out as a distinct, implementable component that may be provided to address motion-provoked symptoms.

2. Which approach is recommended for aerobic exercise progression in concussion management?

- A. Symptom-guided progressive aerobic exercise**
- B. No aerobic exercise at all**
- C. Only resistance training**
- D. Rest without activity**

Symptom-guided progressive aerobic exercise is the recommended approach in concussion management. Start with light aerobic activity at a level that does not provoke symptoms, then gradually increase duration and intensity as tolerated. This helps restore autonomic regulation and cerebral perfusion while minimizing the risk of symptom flare. It also avoids the downsides of prolonged rest or complete inactivity, and it ensures the aerobic component is addressed rather than relying solely on resistance training. In practice, monitor symptoms during and after exercise, use a comfortable exertion level, and advance gradually over days to weeks as the patient tolerates it.

3. In tendon pathology, the suffix -osis indicates which concept?

- A. Acute**
- B. Chronic**
- C. Both**
- D. Healing**

Suffix -osis marks a condition or disease process, typically chronic and often degenerative rather than inflammatory. In tendon pathology, this aligns with tendinosis, where long-standing degenerative changes occur in the tendon rather than acute inflammation. Healing implies recovery over time, which isn't what -osis denotes. In contrast, inflammation would be described with -itis. So, the concept indicated by -osis in tendon pathology is a chronic, degenerative state.

4. Which SLAP tear type is the bucket handle tear extending into the biceps?

- A. Type IV**
- B. Type II**
- C. Type I**
- D. Type III**

The key idea is recognizing the pattern of a SLAP lesion where the bucket-handle tear not only involves the labrum but also extends into the long head of the biceps tendon. That involvement of the biceps tendon is what sets this pattern apart. In this scenario, the torn flap can extend into the biceps anchor, reflecting a more extensive lesion. Other patterns differ: a frayed but largely attached labrum without biceps involvement; a detachment of the labrum with the biceps anchor from the glenoid; or a bucket-handle tear where the biceps tendon remains uninvolved. Therefore, when the bucket-handle tear extends into the biceps tendon, it defines the specific pattern described here.

5. 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.

6. What is the hallmark finding of adhesive capsulitis?

- A. Loss of ROM spontaneously, especially ER**
- B. Painful arc**
- C. Instability signs**
- D. Pain with resisted abduction**

Adhesive capsulitis produces a capsular pattern of shoulder stiffness, meaning both active and passive range of motion become progressively limited due to capsular tightening. The most pronounced loss is in external rotation, making this the hallmark finding. While pain may be present, the defining feature is the pervasive ROM restriction, especially ER. The other signs—painful arc, instability signs, and pain with resisted abduction—fit other shoulder conditions (impingement/rotator cuff, instability, or tendinopathy) and are not characteristic of frozen shoulder.

7. Which AC joint sprain type is characterized by posterior displacement of the distal clavicle into or through the trapezius?

- A. Type 4**
- B. Type 5**
- C. Type 6**
- D. Type 1**

The main idea is recognizing the direction of distal clavicle displacement in AC joint injuries. A posterior displacement of the distal clavicle into or through the trapezius is the posterior-type pattern in the Rockwood classification. This pattern is distinct from injuries with no displacement, those with a large upward (superior) displacement and a big increase in the coracoclavicular distance, or rare downward displacement behind the coracoid. The posterior direction matters because the distal clavicle can get wedged into or through the trapezius, which carries implications for stability and potential neurovascular risk. Axillary views on imaging are helpful to reveal this posterior displacement, and such posterior-type injuries are often managed surgically due to instability and the risk to surrounding structures. Therefore, the scenario described matches the posterior displacement pattern into the trapezius.

8. Glenoid version: increased retroversion is associated with which change in ROM?

- A. Increased External Rotation and Decreased Internal Rotation**
- B. Increased Internal Rotation and Decreased External Rotation**
- C. No Change in ROM**
- D. Increased Abduction Only**

Glenoid version describes how the socket is oriented in the scapula. When there is increased retroversion, the glenoid fossa tilts more posteriorly. This posterior tilt makes the joint more permissive to external rotation because the articulating surface aligns favorably with the humeral head during external rotation, allowing a larger range before impingement on the anterior rim occurs. At the same time, internal rotation becomes more limited because the posterior tilt brackets the range sooner—the posterior capsule and labral structures are encountered earlier as you rotate internally. So the net effect of greater retroversion is an increase in external rotation with a decrease in internal rotation.

9. Adhesive capsulitis stage 4 features which combination?

- A. Pain decreases, ROM improves
- B. Thawing stage lasting 15-24 months with pain lessening and stiffness remaining**
- C. Inflammatory peak stage with severe pain
- D. Rapid resolution within weeks

The final phase of adhesive capsulitis is the thawing stage, where pain gradually decreases but stiffness remains and ROM improves only slowly. This phase often lasts a long time, typically roughly 15-24 months, during which most pain subsides while the capsule remains relatively tight, so full ROM recovery is gradual. In other words, you see less pain but persistent tightness, with a very extended period of gradual improvement. This distinguishes it from the earlier painful/inflammatory stage (marked by severe pain and high inflammation) or from rapid, near-complete recovery.

10. Which option describes a triage consideration for movement impairments after concussion?

- A. Triage to movement related impairments (PT) or no movement related impairments**
- B. Design POC with ICF, self-management, and level of irritability
- C. Refer for further consult
- D. Do nothing

Movement impairments after concussion can manifest as dizziness with movement, neck pain upon movement, balance or gait disturbances, and problems with eye movements or vestibular-oculomotor function. A triage approach that immediately classifies individuals as having movement-related impairments (requiring physical therapy) or not is the most efficient way to direct care. If movement impairments are present, PT evaluation and targeted rehabilitation (vestibular, oculomotor, and cervical strategies, plus graded exercise) can address the specific deficits and support faster recovery. If there are no movement-related impairments, PT may not be immediately needed, and other management strategies can be pursued. While planning care that incorporates the ICF framework, self-management, and irritability levels is valuable for ongoing treatment, it does not by itself determine the initial need for PT. Referring for further consult without first assessing movement-related impairment can delay targeted rehab, and doing nothing would overlook a common and treatable issue after concussion.

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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