

PT ORTHOPEDIC CLINICAL SPECIALIST (OCS) CLINICAL 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

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- 1. Which set of outcome measures is commonly used for lateral elbow tendonitis?**
 - A. PRTEE, DASH, PSFS
 - B. Elbow and Wrist ROM, Pressure Pain Threshold, Pain Free Grip Strength, Maximum Grip Strength
 - C. Constant Score, ASES, QuickDASH
 - D. UCLA Shoulder Score, HSS
- 2. When in range of motion are the glenohumeral ligaments most taut?**
 - A. Inferior and Middle GH Ligaments Between 45 and 60 Degrees of Abduction
 - B. Superior GH Ligament at 0 Degrees of Abduction
 - C. Inferior GH Ligament Is Always Taut
 - D. All Ligaments Equally Taut Across ROM
- 3. A Thessaly test positive result indicates what?**
 - A. ACL tear
 - B. Patellofemoral pain
 - C. Lateral collateral ligament injury
 - D. Meniscal tear
- 4. Which scoring system is used to assess function of the upper extremity?**
 - A. DASH
 - B. SPADI
 - C. IKDC
 - D. ASES
- 5. Which nerve is commonly implicated in cubital tunnel entrapment tested by Tinel's sign at the elbow?**
 - A. Median nerve
 - B. Ulnar nerve
 - C. Radial nerve
 - D. Axillary nerve

- 6. Adhesive capsulitis stage 4 is best described by which term?**
- A. Thawing
 - B. Inflammatory phase
 - C. Fibrotic collapse
 - D. Complete resolution
- 7. After a small rotator cuff repair, when is assisted flexion and external rotation ROM typically initiated?**
- A. Week 0-1
 - B. Week 2-4
 - C. Week 6-8
 - D. Week 12-14
- 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. In concussion communication and education, which statement best reflects the CPG guidance?**
- A. Must educate about symptoms, impairments, and functional limitations commonly associated with TBI
 - B. Educate on quick recovery for most
 - C. Educate on self-management of symptoms
 - D. Educate on signs that necessitate follow-up with a physician
- 10. When nonoperative management for glenohumeral joint osteoarthritis fails, what is the next recommended treatment?**
- A. Total Shoulder Arthroplasty
 - B. Continued physical therapy for years
 - C. Arthroscopic debridement
 - D. Corticosteroid injections only

Answers

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

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Explanations

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1. Which set of outcome measures is commonly used for lateral elbow tendonitis?

A. PRTEE, DASH, PSFS

B. Elbow and Wrist ROM, Pressure Pain Threshold, Pain Free Grip Strength, Maximum Grip Strength

C. Constant Score, ASES, QuickDASH

D. UCLA Shoulder Score, HSS

Outcome measures for lateral elbow tendinopathy are most informative when they capture how the condition affects pain and daily function from the patient's perspective, while also allowing some standardized comparison across patients. The PRTEE is a disease-specific instrument designed for lateral elbow tendinopathy, measuring both pain and function related to elbow tasks. The DASH provides a broad assessment of upper-extremity disability, which is useful for capturing overall impact on arm, shoulder, and hand function. The PSFS adds patient-specific insight by letting individuals rate the difficulty of tasks that matter most to them, making the measure highly sensitive to change in everyday activities. Using this combination gives a well-rounded view: a focused elbow-specific symptom tool, a general upper-extremity function index, and a personalized functional assessment. In contrast, shoulder-focused scores or purely objective measures like ROM, pressure pain thresholds, or grip strength don't consistently reflect the patient's perceived impact on daily life in lateral elbow tendinopathy, and thus are less commonly used as a standard trio for this condition.

2. When in range of motion are the glenohumeral ligaments most taut?

A. Inferior and Middle GH Ligaments Between 45 and 60 Degrees of Abduction

B. Superior GH Ligament at 0 Degrees of Abduction

C. Inferior GH Ligament Is Always Taut

D. All Ligaments Equally Taut Across ROM

The glenohumeral ligaments tighten at specific positions to limit unwanted translation of the humeral head. In mid-range abduction, around 45–60 degrees, the middle glenohumeral ligament becomes taut to resist anterior translation, and the inferior glenohumeral ligament complex also tightens to provide stability against anterior–inferior translations as the arm moves out from the side. This combination helps stabilize the shoulder during the early to mid ranges of abduction when the head is more prone to anterior shift. The superior ligament, by contrast, is most taut with the arm at the side (0 degrees of abduction) to restrain certain motions there, not in the mid-range. The inferior ligament is not taut uniformly across all ranges but increases tension with greater abduction, especially beyond mid-range. And the ligaments are not all equally taut throughout ROM; each has its own pattern of tension.

3. A Thessaly test positive result indicates what?

- A. ACL tear
- B. Patellofemoral pain
- C. Lateral collateral ligament injury
- D. Meniscal tear**

The Thessaly test is designed to detect meniscal pathology by loading and twisting the knee in a weight-bearing position. When the knee is slightly flexed and the leg is rotated while the patient bears weight, a positive result—pain or a discernible click along the joint line—indicates a meniscal tear. The combination of axial load with tibial rotation stresses the meniscus, revealing tearing or degeneration more than it does ligamentous injuries. This pattern is distinct from issues like ACL tears (which cause instability and positive Lachman or pivot-shift tests), lateral collateral ligament injuries (which show varus instability), or patellofemoral pain (which presents with anterior knee pain around the patella rather than joint-line pain with rotation). A positive Thessaly test therefore points to a meniscal tear.

4. Which scoring system is used to assess function of the upper extremity?

- A. DASH**
- B. SPADI
- C. IKDC
- D. ASES

The main idea is using a general patient-reported outcome that captures overall function of the entire upper limb, not just a single joint. DASH stands for Disabilities of the Arm, Shoulder and Hand. It's a widely used questionnaire that covers daily activities, symptoms, and the impact on social or work function across the shoulder to the hand. It yields a 0–100 score, where a higher score means more disability and worse function. Because it assesses the whole upper extremity, it's the best choice when the goal is to gauge overall upper-limb function across diverse conditions. The other instruments are more joint-specific: SPADI focuses on shoulder pain and function, while IKDC is knee-oriented, and ASES is also a shoulder-focused outcome.

5. Which nerve is commonly implicated in cubital tunnel entrapment tested by Tinel's sign at the elbow?

- A. Median nerve
- B. Ulnar nerve**
- C. Radial nerve
- D. Axillary nerve

Tinel's sign at the elbow targets irritation of the ulnar nerve as it travels through the cubital tunnel behind the medial epicondyle. If the ulnar nerve is compressed there, tapping over the cubital tunnel can reproduce tingling or paresthesias in the ulnar distribution (the little finger and the ulnar side of the ring finger), which is characteristic of cubital tunnel entrapment. Because this entrapment specifically involves the ulnar nerve at the elbow, it's the nerve most commonly implicated in this scenario. Other nerves would produce symptoms in different areas: the median nerve in its typical forearm/hand distributions, the radial nerve in its radial tunnel or forearm regions, and the axillary nerve around the shoulder.

6. Adhesive capsulitis stage 4 is best described by which term?

- A. Thawing**
- B. Inflammatory phase
- C. Fibrotic collapse
- D. Complete resolution

In adhesive capsulitis, the later stage is characterized by a thawing process: inflammation has diminished and the capsule begins to loosen, allowing gradual return of shoulder motion. This phase reflects the recovery trajectory, with decreasing pain and progressively improving range of motion, though some stiffness may linger, especially in certain directions. It contrasts with the inflammatory phase, which is marked by more pain and active inflammation, and with a notion of fibrotic collapse, which implies ongoing contracture rather than recovery. Complete, full resolution is not always achieved, so thawing best fits the description of stage four as the recovery phase.

7. After a small rotator cuff repair, when is assisted flexion and external rotation ROM typically initiated?

- A. Week 0-1
- B. Week 2-4**
- C. Week 6-8
- D. Week 12-14

Protecting the repaired tendon while gradually restoring movement is the guiding idea after rotator cuff surgery. In the early healing phase, the tendon-bone interface is vulnerable, so motion is introduced cautiously to avoid strain on the repair. A small rotator cuff repair can tolerate gentle, assisted motion sooner than larger repairs, so starting assisted flexion and external rotation in the second to fourth week provides the right balance: enough motion to prevent stiffness and maintain joint mobility, but not so much force that it risks pulling on the repair. This means a therapist assists the shoulder through gentle ranges without the patient actively contracting the rotator cuff. Starting earlier than this risks compromising the repair, while waiting much longer can lead to stiffness and slower recovery.

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. In concussion communication and education, which statement best reflects the CPG guidance?

- A. Must educate about symptoms, impairments, and functional limitations commonly associated with TBI**
- B. Educate on quick recovery for most
- C. Educate on self-management of symptoms
- D. Educate on signs that necessitate follow-up with a physician

Concussion education should give patients a complete picture of what may occur after injury. This means explaining the range of symptoms they might experience, the impairments that can accompany a concussion (such as cognitive changes, headaches, dizziness, or visual/vestibular issues), and how these symptoms and impairments translate into real-world functional limitations in school, work, sports, and daily activities. Providing this breadth helps patients recognize evolving problems, understand how their recovery may affect daily performance, and engage in a guided plan to gradually return to activity. While recognizing red flags that require medical follow-up and discussing how to manage symptoms are important, framing education around symptoms, impairments, and functional limitations offers a comprehensive, practical foundation for self-management and decision-making during recovery.

10. When nonoperative management for glenohumeral joint osteoarthritis fails, what is the next recommended treatment?

- A. Total Shoulder Arthroplasty**
- B. Continued physical therapy for years
- C. Arthroscopic debridement
- D. Corticosteroid injections only

Once nonoperative strategies fail to control symptoms from glenohumeral joint osteoarthritis, surgical joint replacement becomes the next step. Total shoulder arthroplasty is the preferred option when the rotator cuff is intact because it replaces the worn joint surfaces of both the humeral head and the glenoid, providing durable pain relief and improved function. Nonoperative treatments—like ongoing physical therapy or corticosteroid injections—can help with symptoms but do not correct the degenerative joint surfaces, and arthroscopic debridement has limited benefit in established OA. If a massive rotator cuff tear is present, a reverse total shoulder may be considered, but in the typical OA patient without cuff pathology, the total shoulder arthroplasty is the recommended next treatment.

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:

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

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