Resisted Range of Motion (RROM) and Manual Muscle Testing (MMT) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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. Where is resistance applied during anti-gravity scapular adduction testing?

A. Upward on the forearm

B. Downward just proximal to the elbow

C. Lateral near the wrist

D. Diagonal toward the shoulder

2. Which joints are commonly tested in resisted ROM for the ankle?

A. Dorsiflexion and plantarflexion; sometimes inversion/eversion

B. Dorsiflexion only

C. Plantarflexion only

D. Inversion and eversion

3. Which muscles act as the prime movers for scapular elevation?

A. Lower trapezius and Serratus anterior

B. Middle trapezius and Rhomboids

C. Pectoralis minor and Pectoralis major

D. Upper trapezius and Levator scapulae

4. What does a 2/5 grade indicate on MMT?

A. Movement is possible only with gravity eliminated.

B. Active movement through the full ROM against gravity.

C. Movement with external resistance.

D. No contraction.

5. During anti-gravity scapular abduction, in which direction is the resistance applied?

A. Downward

B. Upward

C. Forward

D. Lateral

6. What is a key difference between Manual Muscle Testing (MMT) and a break test?

A. MMT provides more information and can isolate specific muscles, whereas a break test primarily assesses strength at a single point

B. Break test is used only for lower extremity

C. MMT is faster and less accurate than break test

D. Break test involves assessing joint ROM rather than strength

7. For Elbow Flexion in Gravity Minimized, which describes the shoulder position?

A. Shoulder abducted to 90 degrees

B. Shoulder in neutral

C. Shoulder flexed 45 degrees

D. Shoulder extended 180 degrees

8. In gravity-minimized MMT for Wrist Extension, what is the forearm position and stabilization?

A. Forearm in neutral; ulnar border of the hand resting on a table top with the wrist in neutral. The fingers should be relaxed. Stabilization: The clinician stabilizes the forearm against the table top.

B. Forearm in neutral; ulnar border of the hand resting on a table top with the wrist in neutral. The fingers should be clenched. Stabilization: The clinician stabilizes the forearm against the table top.

C. Forearm pronated; palm resting on the table top.

D. Forearm in neutral; dorsal surface resting on the table

9. During internal rotation testing in anti-gravity, what is the direction of resistance?

A. Downward to the flexor surface of the forearm.

B. Upward on the extensor surface of the forearm.

C. Lateral to the wrist.

D. Downward on the posterior forearm near elbow.

10. How does fatigue affect manual muscle testing results?

A. Fatigue has no effect

B. Fatigue reduces force production, lowering grade

C. Fatigue increases force production

D. Fatigue makes ROM greater

Answers

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

Explanations

1. Where is resistance applied during anti-gravity scapular adduction testing?

A. Upward on the forearm

B. Downward just proximal to the elbow

C. Lateral near the wrist

D. Diagonal toward the shoulder

In anti-gravity scapular adduction testing, you're challenging the muscles that pull the scapula toward the spine (the scapular retractors) while gravity helps the movement. The resistance needs to oppose that retraction in a way that stays focused on the scapular muscles and doesn't recruit other joints or motions. Placing the resistance downward on the forearm just proximal to the elbow creates a downward force that lines up with the retractors' action and provides a solid lever arm. This makes it harder for the patient to bring the shoulder blade toward the spine and isolates the intended muscles. If the resistance were applied elsewhere—higher up on the arm, near the wrist, or in a diagonal toward the shoulder—the force wouldn't align with the retraction movement, which could recruit other muscles or make the test less specific.

2. Which joints are commonly tested in resisted ROM for the ankle?

A. Dorsiflexion and plantarflexion; sometimes inversion/eversion

B. Dorsiflexion only

C. Plantarflexion only

D. Inversion and eversion

When testing ankle strength with resisted ROM, you focus on the main actions that drive the ankle joint during movement: dorsiflexion and plantarflexion. These two movements assess the primary muscle groups responsible for lifting the foot (dorsiflexors, mainly tibialis anterior) and pushing off the foot (plantarflexors, mainly the gastrocnemius–soleus complex). They're the easiest, most functional, and most reliable movements to test in isolation or with minimal interference, which is why they're commonly included in resisted ROM assessments. Inversion and eversion involve the subtalar joint and the smaller invertor/evertor muscles (like tibialis posterior and the peroneals). These are not routinely tested in every resisted-ROM exam, but they're sometimes included when there's a specific clinical reason to assess subtalar motion or to differentiate patterns of weakness. That's why the option stating structural resistance testing of dorsiflexion and plantarflexion, with inversion/eversion sometimes added, best captures what's typically done.

3. Which muscles act as the prime movers for scapular elevation?

A. Lower trapezius and Serratus anterior

B. Middle trapezius and Rhomboids

C. Pectoralis minor and Pectoralis major

D. Upper trapezius and Levator scapulae

Elevating the scapula mainly involves two muscles working together to lift the shoulder blade toward the ear: the upper fibers of the trapezius and the levator scapulae. The upper trapezius attaches high on the scapula and pulls it upward, especially when the shoulder girdle is stabilized. The levator scapulae runs from the neck to the superior angle of the scapula and directly elevates the scapula. Together, these muscles raise the scapula effectively. Other muscles listed either pull the scapula in other directions or depress it. The lower trapezius helps depress and upwardly rotate, the middle trapezius and rhomboids retract the scapula, serratus anterior mainly protracts and assists with upward rotation, and pectoralis minor depresses and protracts the scapula. That's why the combination of the upper trapezius and levator scapulae best accounts for scapular elevation.

4. What does a 2/5 grade indicate on MMT?

A. Movement is possible only with gravity eliminated.

B. Active movement through the full ROM against gravity.

C. Movement with external resistance.

D. No contraction.

The important idea is how the muscle performs when gravity is not opposing the movement. A 2/5 grade means the person can actively move the joint, but only when gravity is eliminated—that is, with the limb supported so gravity doesn't help or hinder the motion. This shows there is some muscle contraction and control, but not enough strength to produce movement against gravity in the usual testing position. So you can observe the movement in a gravity-free or gravity-eliminated setup, but you cannot perform the movement against gravity in the standard anti-gravity position. This places the strength below the ability to move through the full ROM against gravity (which would be higher) and above no contraction or only a trace of contraction.

5. During anti-gravity scapular abduction, in which direction is the resistance applied?

A. Downward

B. Upward

C. Forward

D. Lateral

When testing anti-gravity scapular abduction, you challenge the muscles that pull the scapula forward (protraction) as the arm is raised. Gravity tends to pull the arm and shoulder complex downward, so applying resistance in the downward direction on the arm places the demand on the scapular protractors (like the serratus anterior) to work to maintain the position. In this setup, the examiner's downward force makes the patient generate more force to lift and hold the scapula in protraction against both gravity and the added load. Resistance in other directions wouldn't adequately oppose the protraction movement or would not line up with the way the scapular muscles stabilize the shoulder during elevation.

6. What is a key difference between Manual Muscle Testing (MMT) and a break test?

A. MMT provides more information and can isolate specific muscles, whereas a break test primarily assesses strength at a single point

B. Break test is used only for lower extremity

C. MMT is faster and less accurate than break test

D. Break test involves assessing joint ROM rather than strength

The key idea is how much information you get and how specifically you can assess a muscle. Manual Muscle Testing targets a specific muscle or small group by using chosen joint positions and stabilization. This setup helps isolate that muscle, observe how it performs through different angles or tasks, and assign a graded strength score while noting any substitutions or weaknesses. A break test, on the other hand, is a quick check of maximal isometric strength at a single joint position. You apply resistance until the patient can't hold, so it mainly tells you how strong that muscle is at that one point, with less ability to isolate the exact muscle or reveal weakness patterns across ranges. So this choice correctly contrasts the depth and specificity of information from MMT with the point-in-time strength measure of a break test. The other statements don't fit: break tests aren't limited to the lower extremities, MMT isn't inherently faster or less accurate than a break test, and break tests don't assess ROM.

7. For Elbow Flexion in Gravity Minimized, which describes the shoulder position?

A. Shoulder abducted to 90 degrees

B. Shoulder in neutral

C. Shoulder flexed 45 degrees

D. Shoulder extended 180 degrees

Testing elbow flexors in gravity-minimized means removing gravity's built-in effect on the movement and preventing the shoulder from helping or hindering the elbow action. Positioning the shoulder in 90 degrees of abduction places the arm away from the body in a way that minimizes involvement of shoulder flexors and keeps the scapula stabilized, so the elbow flexors (such as the biceps brachii and brachialis) can perform the motion mainly at the elbow. If the shoulder were in neutral, flexed, or extended, other muscles around the shoulder and chest could kick in or gravity could alter the movement pattern, making it harder to isolate the elbow flexors.

8. In gravity-minimized MMT for Wrist Extension, what is the forearm position and stabilization?

A. Forearm in neutral; ulnar border of the hand resting on a table top with the wrist in neutral. The fingers should be relaxed. Stabilization: The clinician stabilizes the forearm against the table top.

B. Forearm in neutral; ulnar border of the hand resting on a table top with the wrist in neutral. The fingers should be clenched. Stabilization: The clinician stabilizes the forearm against the table top.

C. Forearm pronated; palm resting on the table top.

D. Forearm in neutral; dorsal surface resting on the table

In a gravity-minimized wrist extension test, you place the forearm supported on a stable surface with the forearm in a neutral orientation. This setup allows the patient to attempt to extend the wrist without gravity helping or hindering the movement, so the test isolates the wrist extensor muscles rather than whole-arm effort. Resting the ulnar border of the hand on the table provides a stable contact point to anchor the hand and helps prevent extra movement at the wrist other than pure extension. Letting the fingers stay relaxed avoids recruiting finger flexors or gripping patterns that could skew the measurement. Stabilization is crucial: the clinician holds the forearm steady against the table so the motion remains at the wrist and doesn't involve the elbow or shoulder, and to prevent slipping or rotation of the forearm. This combination—neutral forearm, supported hand, relaxed fingers, and firm forearm stabilization—yields an isolated, gravity-minimized assessment of wrist extensor strength. Options with the fingers clenched would engage finger flexors and grip, altering the test results. Pronating the forearm or letting the dorsal surface rest on the table changes alignment and the mechanics of the movement, making it harder to isolate the wrist extensors in a gravity-minimized position.

9. During internal rotation testing in anti-gravity, what is the direction of resistance?

A. Downward to the flexor surface of the forearm.

B. Upward on the extensor surface of the forearm.

C. Lateral to the wrist.

D. Downward on the posterior forearm near elbow.

In resisted internal rotation testing, you apply force opposite to the direction the internal rotators move the arm. Internal rotation brings the forearm and palm toward the body, so the resistance is directed downward on the forearm's flexor (palmar) surface. This downward pressure counters the inward turning of the humerus and isolates the strength of the internal rotators. Other directions aren't appropriate because they don't oppose the motion in the same plane or they target different joints or planes of movement. For example, pushing upward on the extensor surface would not effectively oppose the inward rotation, directing the force in a less specific way; lateral pressure near the wrist would affect wrist movement rather than shoulder rotation; and downward pressure on the posterior forearm near the elbow changes leverage and doesn't align with the typical anti-gravity shoulder internal rotation test.

10. How does fatigue affect manual muscle testing results?

A. Fatigue has no effect

B. Fatigue reduces force production, lowering grade

C. Fatigue increases force production

D. Fatigue makes ROM greater

Fatigue reduces the muscle's ability to generate force, which directly affects manual muscle testing outcomes. When fatigued, fewer motor units can be recruited effectively and each unit contracts with less force due to metabolic changes (depleted energy substrates and byproducts that impair contraction) and diminished neural drive. In MMT, you're measuring the maximum force a muscle can oppose against a resistance; if the muscle is fatigued, it cannot sustain peak force, so the grade drops. Fatigue does not increase force production, nor does it increase range of motion, and it certainly doesn't leave force production unchanged. So fatigue leads to a lower MMT grade because the muscle's peak force is reduced.

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://rrommmt.examzify.com

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