

RESISTED RANGE OF MOTION (RROM) AND MANUAL MUSCLE TESTING (MMT) 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 describes the gravity minimized position for Shoulder Horizontal Abduction MMT?**
 - A. Sitting with the arm supported on a table in 90 degrees of shoulder abduction and with the elbow in flexion
 - B. Standing with arm by side
 - C. Prone with arm overhead
 - D. Supine with arm on table
- 2. Which muscle is the primary mover for ankle dorsiflexion?**
 - A. Extensor digitorum longus
 - B. Peroneus longus
 - C. Tibialis anterior
 - D. Extensor hallucis longus
- 3. When documenting a muscle with strength 4+ on MMT, which description best matches this grade?**
 - A. Record as 3+/5
 - B. Record as 4/5
 - C. Record as 4+/5 (good strength with full ROM against gravity and moderate resistance)
 - D. Record as 5/5
- 4. Which muscles are prime movers for hip adduction?**
 - A. Adductor magnus, Adductor longus, Adductor brevis, Pectineus, & Gracilis
 - B. Gluteus medius and Gluteus minimus
 - C. Tensor fasciae latae
 - D. Sartorius
- 5. Which muscles are prime movers for scapular adduction?**
 - A. Serratus anterior
 - B. Rhomboids
 - C. Pectoralis minor
 - D. Latissimus dorsi

- 6. During elbow flexion MMT, which forearm position isolates the brachialis?**
- A. Pronated
 - B. Supinated
 - C. Neutral
 - D. Flexed and pronated
- 7. 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
- 8. During Manual Muscle Testing, where is stabilization typically applied?**
- A. Stabilize the distal segment
 - B. Do not stabilize
 - C. Stabilize the proximal segment
 - D. Stabilize the pelvis only
- 9. Which muscle is a prime mover for Forearm Supination?**
- A. Brachioradialis
 - B. Biceps brachii
 - C. Supinator
 - D. Pronator teres
- 10. Which of the following lists the prime movers for knee extension?**
- A. Biceps femoris, Semitendinosus, Semimembranosus
 - B. Rectus femoris, Vastus intermedius, Vastus medialis, Vastus lateralis
 - C. Tibialis anterior
 - D. Gastrocnemius

Answers

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

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Explanations

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1. Which describes the gravity minimized position for Shoulder Horizontal Abduction MMT?

- A. Sitting with the arm supported on a table in 90 degrees of shoulder abduction and with the elbow in flexion
- B. Standing with arm by side
- C. Prone with arm overhead
- D. Supine with arm on table

In gravity-minimized manual muscle testing, the goal is to remove the arm's weight from influencing the test so you measure the muscle's pure ability to generate force. For shoulder horizontal abduction, the movement is powered mainly by the posterior deltoid (and some stabilizers), so you want the arm supported and the lever arm minimized. Positioning the arm with the elbow bent and the forearm resting on a table while the shoulder is abducted to 90 degrees achieves this. The arm remains in a horizontal plane, the weight of the arm is supported by the table, and the examiner can apply resistance at the forearm without gravity adding or subtracting torque. This setup isolates the muscle and provides a stable, gravity-minimized scenario, making it the best description of the gravity-minimized position for this MMT.

2. Which muscle is the primary mover for ankle dorsiflexion?

- A. Extensor digitorum longus
- B. Peroneus longus
- C. Tibialis anterior
- D. Extensor hallucis longus

Dorsiflexion of the ankle means lifting the front of the foot toward the shin. The main muscle responsible is the tibialis anterior, located in the front of the shin. Its tendon pulls the dorsum of the foot upward with the strongest, most direct action at the ankle joint, making it the primary dorsiflexor. The other muscles listed contribute to dorsiflexion only as assisting players: extensor digitorum longus and extensor hallucis longus help lift the toes and can aid the ankle's upward movement, but their primary roles are toe extension; peroneus longus lies on the lateral side and mainly plantarflexes and everts the foot, not dorsiflexion. In practical terms, tibialis anterior is the strongest driver of lifting the foot up during walking and other activities.

3. When documenting a muscle with strength 4+ on MMT, which description best matches this grade?

- A. Record as 3+/5
- B. Record as 4/5
- C. Record as 4+/5 (good strength with full ROM against gravity and moderate resistance)
- D. Record as 5/5

In manual muscle testing, documentation reflects two things: whether the limb moves through the full range of motion against gravity, and how much resistance the examiner can apply. The plus sign shows a strength level just above the base grade but not full normal strength. A grade of 4+ means the person can move through the full range against gravity and can tolerate a moderate amount of manual resistance, but they do not reach normal strength. That's why the best description to document is 4+/5 with full ROM against gravity and moderate resistance.

4. Which muscles are prime movers for hip adduction?

- A. Adductor magnus, Adductor longus, Adductor brevis, Pectineus, & Gracilis
- B. Gluteus medius and Gluteus minimus
- C. Tensor fasciae latae
- D. Sartorius

Hip adduction is the movement of bringing the thigh toward the midline. The primary muscles responsible for this action are the medial thigh adductors: adductor longus, adductor brevis, adductor magnus, along with the pectineus and gracilis. These muscles originate on the pelvis and attach along the femur or tibia, allowing them to generate the main pulling force toward the midline when they contract. The other muscles listed don't serve as primary adductors. The gluteus medius and gluteus minimus sit on the lateral hip and mainly abduct the thigh. The tensor fasciae latae also acts as an abductor (and flexor) of the hip in many positions. Sartorius, a long strap-like muscle crossing the hip and knee, mainly facilitates hip flexion, abduction, and external rotation rather than adduction.

5. Which muscles are prime movers for scapular adduction?

- A. Serratus anterior
- B. Rhomboids
- C. Pectoralis minor
- D. Latissimus dorsi

Focusing on scapular adduction means identifying the muscles that pull the shoulder blades toward the spine. The rhomboids (major and minor) are the primary movers here because they attach from the spine to the medial border of the scapula and contract to bring the scapulae together, i.e., retract them. They also help downwardly rotate the scapula and stabilize the scapulothoracic joint. Serratus anterior, by contrast, pulls the scapula forward and around the rib cage (protraction), so it doesn't produce adduction. Pectoralis minor attaches under the shoulder and tends to protract and depress the scapula. Latissimus dorsi acts mainly on the humerus (extension, adduction, internal rotation) and has less direct effect on scapular retraction. So, the rhomboids are the best fit for scapular adduction.

6. During elbow flexion MMT, which forearm position isolates the brachialis?

- A. Pronated
- B. Supinated
- C. Neutral
- D. Flexed and pronated

Placing the forearm in pronation biases elbow flexion to come mainly from the brachialis. The brachialis is the primary elbow flexor when the forearm is pronated because its line of pull on the ulna is favorable in that position, and it operates largely independent of the radius. In pronation, the biceps brachii loses much of its ability to contribute to elbow flexion (it's more active with supination) and the brachioradialis' contribution is reduced since it works best in neutral. With the biceps and brachioradialis minimized, the brachialis does most of the work, making it the best position to isolate it during elbow flexion MMT. Supination would recruit the biceps more, neutral would involve multiple muscles, and a flexed and pronated position isn't typically used to isolate the brachialis.

7. 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.

8. During Manual Muscle Testing, where is stabilization typically applied?

- A. Stabilize the distal segment
- B. Do not stabilize
- C. Stabilize the proximal segment
- D. Stabilize the pelvis only

Stabilization is placed on the proximal segment—the part of the limb closest to the trunk—to immobilize the limb near the body and isolate the action of the targeted muscle. By fixing the proximal joints, you prevent substitutions or movement from the shoulder, hip, or trunk that could otherwise contribute to the movement, ensuring the resistance tests the strength of the specific muscle group you're assessing. For example, when testing elbow flexors, you would stabilize the upper arm near the shoulder so the test measures the forearm's ability to move the elbow, not how the shoulder or trunk might assist. If you didn't stabilize the proximal segment (or tried to stabilize the distal segment instead), compensatory movements could occur, making the result unreliable. Stabilizing only the pelvis would not control movements at the relevant proximal joints of many limb segments, again compromising isolation.

9. Which muscle is a prime mover for Forearm Supination?

- A. Brachioradialis
- B. Biceps brachii
- C. Supinator
- D. Pronator teres

Supination of the forearm is turning the palm to face upward by rotating the radius around the ulna. The muscle that directly drives this rotation is the supinator. It lies at the top of the forearm, wraps around the radius, and pulls it into a supinated position when it contracts, making it the primary mover for forearm rotation, especially when the elbow is extended. The biceps brachii can also produce strong supination, and it is particularly powerful when the elbow is flexed around 90 degrees, but its effectiveness as a prime mover depends on that elbow position, not on a constant, primary rotation action. Pronator teres does the opposite, pronating the forearm, so it wouldn't be the primary muscle responsible for supination. Brachioradialis mainly flexes the elbow and only assists with supination in certain forearm positions, not as the primary rotator.

10. Which of the following lists the prime movers for knee extension?

- A. Biceps femoris, Semitendinosus, Semimembranosus
- B. Rectus femoris, Vastus intermedius, Vastus medialis, Vastus lateralis**
- C. Tibialis anterior
- D. Gastrocnemius

Knee extension is produced mainly by the quadriceps femoris group. This four-muscle group—rectus femoris, vastus lateralis, vastus medialis, and vastus intermedius—pulls on the patella via the quadriceps tendon, converting knee flexion into full straightening of the leg. Rectus femoris crosses the hip too, so it can influence hip movement, but its crucial role at the knee is extending it. The vastus muscles act as pure knee extensors and work together to produce the primary extension torque. In contrast, the hamstrings (biceps femoris, semitendinosus, semimembranosus) bend the knee, opposing extension. The tibialis anterior mainly dorsiflexes the ankle. The gastrocnemius crosses both the knee and ankle and primarily plantarflexes the foot; its knee action is not that of a primary knee extensor. So the four quadriceps muscles are the prime movers for knee extension.

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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:

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

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