

# RTBC Upper Extremity Practice Exam (Sample)

## Study Guide



BY EXAMZIFY

**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. What is a common symptom of adhesive capsulitis?**
  - A. Sudden shoulder pain**
  - B. Decreased range of motion**
  - C. Popping in the shoulder**
  - D. Swelling around the joint**
  
- 2. In what position should the wrist be during a lateral radiograph?**
  - A. Flexed**
  - B. Extended**
  - C. Neutral**
  - D. Hyperextended**
  
- 3. What is the main function of the flexor muscles of the forearm?**
  - A. To extend the fingers**
  - B. To flex the wrist and fingers**
  - C. To stabilize the elbow**
  - D. To assist with shoulder movement**
  
- 4. Which movement is primarily performed by the supraspinatus muscle?**
  - A. External rotation**
  - B. Shoulder abduction**
  - C. Shoulder extension**
  - D. Shoulder adduction**
  
- 5. What condition involves scar tissue forming around the shoulder joint?**
  - A. Adhesive capsulitis**
  - B. Rotator cuff tear**
  - C. Shoulder dislocation**
  - D. Frozen shoulder syndrome**

- 6. Which of the following is a typical symptom of rotator cuff injury?**
- A. Difficulty extending the elbow**
  - B. Pain when lying on the affected side**
  - C. Stiffness in the hip**
  - D. Frequent headaches**
- 7. Where should the central ray be directed for an anteroposterior forearm radiograph?**
- A. At the distal radius**
  - B. At the midshaft of the radius and ulna**
  - C. At the elbow joint**
  - D. At the proximal ulna**
- 8. What structure connects the humerus to the scapula?**
- A. Coracoid process**
  - B. Glenoid cavity**
  - C. Spinous process**
  - D. Acromion**
- 9. What is the main consequence of a severe shoulder dislocation?**
- A. Complete loss of shoulder mobility**
  - B. Possible damage to nerves and blood vessels**
  - C. Immediate muscle atrophy**
  - D. Increased joint flexibility**
- 10. How should a patient's uninjured arm be positioned for a transthoracic lateral projection of the humerus?**
- A. Down by the side**
  - B. Crossed over the chest**
  - C. Raised up over the head**
  - D. Extended to the side**

## **Answers**

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

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## **Explanations**

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## 1. What is a common symptom of adhesive capsulitis?

- A. Sudden shoulder pain
- B. Decreased range of motion**
- C. Popping in the shoulder
- D. Swelling around the joint

Adhesive capsulitis, commonly known as frozen shoulder, is characterized primarily by a significant decrease in range of motion in the shoulder joint. This condition typically develops gradually and is associated with the inflammation and thickening of the shoulder capsule, which restricts movement. Individuals with adhesive capsulitis experience both active and passive limitations in their shoulder mobility, which is a hallmark of this condition. The decreased range of motion is often accompanied by stiffness, and patients may struggle to perform activities that require shoulder movement. It is important to note that this symptom evolves in stages, often beginning with pain that gradually leads to increased stiffness and limited mobility. Recognizing this symptom is key for diagnosis and effective management of adhesive capsulitis.

## 2. In what position should the wrist be during a lateral radiograph?

- A. Flexed
- B. Extended**
- C. Neutral
- D. Hyperextended

During a lateral radiograph of the wrist, the position of the wrist should be extended. This positioning is crucial because it allows for the best visualization of the carpal bones and the joint spaces. When the wrist is extended, structures such as the scaphoid and the lunate bones align in a way that minimizes overlap, providing clarity and detail in the images. Furthermore, extension of the wrist increases the gap between the carpal bones, which enhances the ability to identify fractures, dislocations, or any other abnormalities that may be present. A neutral position could potentially obscure important details by not providing enough contrast and separation between the bones. Flexion or hyperextension could further complicate the view, leading to potential misinterpretation of the radiographic findings. Hence, the extended position is considered the standard for achieving optimal results during a lateral radiography of the wrist.

**3. What is the main function of the flexor muscles of the forearm?**

- A. To extend the fingers**
- B. To flex the wrist and fingers**
- C. To stabilize the elbow**
- D. To assist with shoulder movement**

The primary function of the flexor muscles of the forearm is to flex the wrist and fingers. These muscles are located on the anterior side of the forearm and are responsible for bending the wrist (flexion) as well as curling the fingers towards the palm. Flexor muscles, including the flexor carpi radialis, flexor carpi ulnaris, and the various flexor digitorum muscles, coordinate to facilitate this movement. This function is crucial for numerous daily activities, including gripping objects, writing, and performing intricate hand movements. While there are other muscle groups that may play roles in stabilizing the elbow or assisting in shoulder movement, these are not the primary responsibilities of the flexor muscles of the forearm. Their main and most critical role revolves around the flexion of the wrist and fingers, directly demonstrating their importance in hand function and dexterity.

**4. Which movement is primarily performed by the supraspinatus muscle?**

- A. External rotation**
- B. Shoulder abduction**
- C. Shoulder extension**
- D. Shoulder adduction**

The supraspinatus muscle plays a critical role in shoulder movements, specifically shoulder abduction. This muscle is part of the rotator cuff group and is situated above the spine of the scapula. Its primary function is to initiate the abduction of the arm at the shoulder joint, particularly during the first 15 to 30 degrees of motion. When the arm is raised, the supraspinatus works in conjunction with the deltoid muscle to lift the arm laterally away from the body. While the deltoid becomes more influential in shoulder abduction as the arm is raised further, the supraspinatus is essential for the initial phase of this movement. Understanding the anatomical positioning and function of the supraspinatus helps clarify its predominant role in shoulder abduction compared to other movements.

**5. What condition involves scar tissue forming around the shoulder joint?**

- A. Adhesive capsulitis**
- B. Rotator cuff tear**
- C. Shoulder dislocation**
- D. Frozen shoulder syndrome**

Adhesive capsulitis, often referred to as frozen shoulder syndrome, is a condition characterized by the formation of scar tissue around the shoulder joint, which leads to stiffness, pain, and a significant decrease in range of motion. The capsule surrounding the shoulder joint becomes thickened and tight, resulting in limited movement. This condition can develop due to various factors, including prolonged immobility following injury or surgery, diabetes, or other health conditions. Although frozen shoulder syndrome is another term commonly used for adhesive capsulitis, the term "adhesive capsulitis" is the more precise medical terminology that specifically describes the pathological development of this condition. The formation of scar tissue is a hallmark of adhesive capsulitis, which differentiates it from other shoulder conditions like a rotator cuff tear or shoulder dislocation, where the mechanisms and implications of injury are distinct.

**6. Which of the following is a typical symptom of rotator cuff injury?**

- A. Difficulty extending the elbow**
- B. Pain when lying on the affected side**
- C. Stiffness in the hip**
- D. Frequent headaches**

Pain when lying on the affected side is a typical symptom of a rotator cuff injury because the rotator cuff is a group of muscles and tendons that stabilize the shoulder joint and allow for a range of shoulder movements. When an injury occurs to the rotator cuff, particularly tears or inflammation, the associated pain often becomes more pronounced with certain positions, notably when lying on the affected shoulder. This is due to the added pressure on the injury, which can exacerbate discomfort and lead to increased pain during rest or sleep. The other symptoms mentioned in the options are not directly associated with rotator cuff injuries. Difficulty extending the elbow relates to issues concerning the elbow joint rather than the shoulder. Stiffness in the hip is indicative of hip joint problems, and frequent headaches can be due to various factors but are not a typical symptom of rotator cuff injuries. This specificity highlights the importance of recognizing the signs and symptoms that are directly associated with shoulder conditions, aiding in the accurate assessment and diagnosis of rotator cuff injuries.

**7. Where should the central ray be directed for an anteroposterior forearm radiograph?**

- A. At the distal radius**
- B. At the midshaft of the radius and ulna**
- C. At the elbow joint**
- D. At the proximal ulna**

For an anteroposterior (AP) forearm radiograph, the central ray needs to be directed at the midshaft of the radius and ulna. This positioning is crucial because the primary goal of an AP view is to encompass both the radius and ulna and to visualize their entire length, as well as the joint spaces at both the proximal and distal ends of the bones. Directing the central ray at the midshaft ensures that there's an even distribution of the area being examined, allowing for a comprehensive evaluation of any potential fractures or abnormalities along the length of the bones. Additionally, the midshaft location typically provides a balanced view that is less affected by variations in anatomy near the joints, which can lead to obfuscation of pathological findings. The other options, while relevant structures in the forearm anatomy, do not provide the optimal central ray location for an AP forearm view. For instance, directing the central ray at the distal radius or proximal ulna would limit the visibility of the entire forearm, making it difficult to assess both the radius and ulna comprehensively. Directing the ray at the elbow joint would primarily focus on that single joint rather than providing a full view of the entire forearm.

**8. What structure connects the humerus to the scapula?**

- A. Coracoid process**
- B. Glenoid cavity**
- C. Spinous process**
- D. Acromion**

The glenoid cavity is the correct structure that connects the humerus to the scapula. This shallow, cup-shaped socket is located on the lateral aspect of the scapula and serves as the articulation point for the head of the humerus. This joint, known as the glenohumeral joint, is crucial for the shoulder's wide range of motion, allowing for various movements such as flexion, extension, abduction, adduction, and rotation of the arm. The coracoid process is a small, hook-like bony projection on the scapula that provides attachment points for muscles and ligaments but does not connect the humerus to the scapula directly. The spinous process refers to the bony protrusion along the back of the vertebrae and is not involved in the connection between the humerus and scapula. The acromion is an extension of the scapula that forms the highest point of the shoulder but does not directly articulate with the humerus either, although it plays a role in the shoulder girdle's overall structure and stability.

## 9. What is the main consequence of a severe shoulder dislocation?

- A. Complete loss of shoulder mobility
- B. Possible damage to nerves and blood vessels**
- C. Immediate muscle atrophy
- D. Increased joint flexibility

A severe shoulder dislocation primarily results in possible damage to nerves and blood vessels. When the shoulder dislocates, the humeral head is forced out of its normal position in the glenoid cavity, which can stretch, tear, or compress nearby nerves and blood vessels. The brachial plexus, a network of nerves that sends signals to the shoulder, arm, and hand, is particularly susceptible during this incident, potentially leading to symptoms such as weakness, numbness, or tingling in the arm and hand. Additionally, important blood vessels around the shoulder joint may also be compromised, leading to vascular complications. This can create a situation where the blood supply to the arm and hand is diminished, which may result in serious complications if not addressed promptly. Therefore, recognizing the risk of nerve and vascular injury is crucial for immediate treatment and management of severe shoulder dislocations. In contrast, while complete loss of shoulder mobility can occur, it is often temporary and not the primary concern immediately after the event. Muscle atrophy can occur over time due to disuse but does not happen immediately following dislocation. Increased joint flexibility is not a consequence of dislocation; rather, dislocation itself indicates a loss of normal joint stability.

## 10. How should a patient's uninjured arm be positioned for a transthoracic lateral projection of the humerus?

- A. Down by the side
- B. Crossed over the chest
- C. Raised up over the head**
- D. Extended to the side

For a transthoracic lateral projection of the humerus, positioning the patient's uninjured arm raised up over the head is crucial. This positioning helps to create a clear and unobstructed view of the humerus being examined. By raising the uninjured arm, it allows the injured arm and shoulder area to be positioned correctly in the imaging field without overlap from the arm on the opposite side. This technique minimizes the amount of tissue that might obscure the region of interest and enhances the quality of the radiographic image, facilitating accurate assessment of any potential injuries or conditions affecting the humerus. Additionally, positioning in this manner can improve patient comfort and stability during the imaging process.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://rtbcupperextremity.examzify.com>**

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

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