

RTBC UPPER EXTREMITY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 muscles is NOT involved in shoulder extension?**
 - A. Latissimus dorsi
 - B. Deltoid
 - C. Infraspinatus
 - D. Pectoralis major

- 2. Which two patient positioning guidelines are advisable for the anteroposterior (AP) humerus radiograph?**
 - A. Standing at the upright Bucky; Lying supine on the radiographic table
 - B. Sitting in a chair; Lying prone on the table
 - C. Standing with the back to the IR; Lying lateral on the table
 - D. Squatting beside the table; Leaning forward on the table

- 3. What is the significance of the anatomical snuffbox?**
 - A. Contains the brachial artery
 - B. Location for a common wrist fracture
 - C. Contains important tendons and blood vessels, including the radial artery
 - D. Allows for thumb abduction

- 4. How can a strengthening regimen for the shoulder help prevent injuries?**
 - A. By improving range of motion in the shoulder
 - B. By enhancing muscle support and stability around the shoulder joint
 - C. By increasing flexibility of the shoulder ligaments
 - D. By promoting blood flow to the shoulder muscles

- 5. Which of the following is an important function of the subscapularis muscle?**
 - A. To assist with shoulder internal rotation
 - B. To stabilize the elbow joint
 - C. To facilitate wrist flexion
 - D. To enhance grip strength

- 6. Which joint is formed by the articulation of the humerus, radius, and ulna?**
- A. Wrist joint
 - B. Shoulder joint
 - C. Elbow joint
 - D. Carpal joint
- 7. Which structure protects the rotator cuff tendons from friction against the acromion?**
- A. The subacromial bursa
 - B. The glenoid labrum
 - C. The acromion process
 - D. The coracoid process
- 8. Which anatomical structure connects the shoulder blade to the sternum?**
- A. Scapula
 - B. Clavicle
 - C. Humerus
 - D. Sternoclavicular joint
- 9. What does "impingement syndrome" refer to?**
- A. A condition where the rotator cuff tendons become pinched
 - B. An inflammation of the biceps tendon
 - C. A type of shoulder dislocation
 - D. A fracture in the shoulder joint
- 10. What is the recommended source-to-image distance (SID) for the anteroposterior (AP) projection of the humerus?**
- A. 30 inches (76cm)
 - B. 40 inches (102cm)
 - C. 50 inches (127cm)
 - D. 60 inches (152cm)

Answers

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

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Explanations

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1. Which of the following muscles is NOT involved in shoulder extension?

- A. Latissimus dorsi
- B. Deltoid
- C. Infraspinatus**
- D. Pectoralis major

The infraspinatus muscle is primarily known for its role in shoulder external rotation and stabilization of the shoulder joint rather than for shoulder extension. This muscle is part of the rotator cuff group, which is predominantly involved in the dynamic stabilization of the glenohumeral joint and assists with movements that require rotation. In contrast, the latissimus dorsi is a major contributor to shoulder extension, along with the posterior fibers of the deltoid, which also assist in extending the arm. The pectoralis major, particularly its sternal head, plays a role in extending the shoulder when the arm is flexed. Therefore, while the other muscles mentioned in the options are actively engaged in extending the shoulder, the infraspinatus does not participate in this motion, making it the correct answer.

2. Which two patient positioning guidelines are advisable for the anteroposterior (AP) humerus radiograph?

- A. Standing at the upright Bucky; Lying supine on the radiographic table**
- B. Sitting in a chair; Lying prone on the table
- C. Standing with the back to the IR; Lying lateral on the table
- D. Squatting beside the table; Leaning forward on the table

For an anteroposterior (AP) humerus radiograph, the advisable patient positioning involves either standing at the upright Bucky or lying supine on the radiographic table. Standing at the upright Bucky allows for optimal visualization of the humerus in a true AP position and is particularly useful when imaging larger patients or when their mobility is sufficient to stand without assistance. This positioning helps minimize distortion and provides a clear view of the humeral structure. Lying supine on the radiographic table is also acceptable as it facilitates accurate imaging of the humerus while ensuring the patient's comfort. In this position, the humerus can be rotated as necessary to achieve the desired projection without the risk of artifacts or obstructions that may arise from positioning the patient differently. These guidelines are essential for maintaining clarity in imaging and ensuring that the anatomy is accurately represented in the radiograph. The other choices may not provide appropriate visualization or could introduce complications in positioning, leading to suboptimal imaging results.

3. What is the significance of the anatomical snuffbox?

- A. Contains the brachial artery
- B. Location for a common wrist fracture
- C. Contains important tendons and blood vessels, including the radial artery**
- D. Allows for thumb abduction

The anatomical snuffbox is a significant area on the lateral aspect of the wrist, recognized for containing important structures. One of its primary features is that it houses the radial artery, which is crucial as it supplies blood to the lateral side of the forearm and hand. In addition to the radial artery, the anatomical snuffbox also contains the tendons of the abductor pollicis longus and the extensor pollicis brevis, which are essential for thumb movement. The presence of these vessels and tendons not only contributes to the blood supply and functionality of the wrist and hand but also plays a role in clinical assessments, especially in cases of wrist injuries. For instance, tenderness in this area can indicate a potential scaphoid fracture, which is a common injury in the vicinity, further enhancing the snuffbox's significance in both anatomy and clinical practice. While the anatomical snuffbox is related to wrist fractures, particularly those of the scaphoid, the most comprehensive and anatomically relevant description is the presence of the radial artery and the important tendons, which directly influences both movement and the vascular supply to the hand. Thus, the identification of the anatomical snuffbox mainly as a location for key tendons and blood vessels

4. How can a strengthening regimen for the shoulder help prevent injuries?

- A. By improving range of motion in the shoulder
- B. By enhancing muscle support and stability around the shoulder joint**
- C. By increasing flexibility of the shoulder ligaments
- D. By promoting blood flow to the shoulder muscles

A strengthening regimen for the shoulder is particularly effective in preventing injuries because it enhances muscle support and stability around the shoulder joint. The shoulder is a complex and highly mobile joint, making it susceptible to various injuries, particularly in individuals who engage in activities that require repetitive overhead motions or heavy lifting. Strengthening the muscles that surround the shoulder, such as the rotator cuff and deltoids, plays a critical role in maintaining joint stability. These muscles assist in keeping the head of the humerus centered within the shallow glenoid cavity of the scapula, reducing the likelihood of dislocations or impingement syndromes. When the muscles surrounding the shoulder are strong, they can better absorb impacts and resist the forces that could otherwise lead to injuries. Improving muscular strength not only supports the joint during dynamic movements but also allows for better posture and movement mechanics, which are essential for the prevention of overload injuries. Thus, focusing on muscle strengthening is a key strategy in injury prevention for the shoulder.

5. Which of the following is an important function of the subscapularis muscle?

- A. To assist with shoulder internal rotation**
- B. To stabilize the elbow joint
- C. To facilitate wrist flexion
- D. To enhance grip strength

The subscapularis muscle plays a crucial role in shoulder mechanics, particularly in facilitating internal rotation of the shoulder joint. As part of the rotator cuff group, the subscapularis is positioned on the anterior side of the scapula and is primarily responsible for rotating the humerus toward the body. This action is vital in various upper extremity movements, such as throwing, reaching, and lifting, where internal rotation is necessary for optimal shoulder function. Moreover, the internal rotation provided by the subscapularis contributes to the stability of the shoulder joint, working in conjunction with the other rotator cuff muscles. This stabilizing function helps to keep the head of the humerus securely in the glenoid cavity of the scapula during arm movements, which is essential for preventing injuries. The other options relate to muscle functions that do not pertain to the role of the subscapularis. For instance, stabilizing the elbow joint involves muscles of the forearm rather than those directly connected to the shoulder. Meanwhile, wrist flexion and grip strength are functions of muscles in the forearm and hand, making them unrelated to the specific action of the subscapularis. Thus, the important function of assisting with shoulder internal

6. Which joint is formed by the articulation of the humerus, radius, and ulna?

- A. Wrist joint
- B. Shoulder joint
- C. Elbow joint**
- D. Carpal joint

The joint formed by the articulation of the humerus, radius, and ulna is the elbow joint. This structure is crucial for the functionality of the upper extremity, as it allows for flexion and extension of the forearm relative to the upper arm. The humerus articulates with both the radius and ulna at the elbow, enabling coordinated movements such as lifting and throwing. In contrast, other joints mentioned in the choices do not involve the humerus in their formation. The wrist joint is primarily formed by the radius and the carpal bones, while the shoulder joint involves the humerus and the scapula. The carpal joints consist of the interactions between the carpal bones themselves. Therefore, the unique combination of the humerus, radius, and ulna distinctly defines the elbow joint.

7. Which structure protects the rotator cuff tendons from friction against the acromion?

- A. The subacromial bursa**
- B. The glenoid labrum
- C. The acromion process
- D. The coracoid process

The subacromial bursa is a fluid-filled sac located beneath the acromion and above the rotator cuff tendons. Its primary function is to reduce friction between the rotator cuff tendons and the acromion during arm movements, particularly during overhead activities. By providing a cushioning effect, the subacromial bursa helps to prevent wear and tear on the tendons, which can lead to impingement syndrome or rotator cuff injuries. This protective role is essential for maintaining the smooth function of the shoulder joint and ensuring that the tendons can glide effectively without being pinched by surrounding structures.

8. Which anatomical structure connects the shoulder blade to the sternum?

- A. Scapula
- B. Clavicle**
- C. Humerus
- D. Sternoclavicular joint

The anatomical structure that connects the shoulder blade, or scapula, to the sternum is the clavicle. The clavicle is a long bone that acts as a strut, facilitating movement and stability of the shoulder joint. It spans from the sternum to the acromion of the scapula, effectively linking these two important parts of the upper body. The clavicle plays a crucial role in maintaining the proper position of the scapula, which allows for a full range of motion in the shoulder. This connection is essential for various movements, such as raising the arm or lifting objects overhead. The sternoclavicular joint, where the clavicle meets the sternum, allows for movement and flexibility, further enhancing the functionality of the upper extremity. In contrast, the scapula itself is the shoulder blade and does not directly connect to the sternum. The humerus is the bone of the upper arm and connects at the shoulder joint, but it does not connect to the sternum. The sternoclavicular joint, while it plays a role in the connection, is not the specific anatomical structure that links the shoulder blade to the sternum; rather, it is the joint formed by the meeting of the clavicle and the sternum.

9. What does "impingement syndrome" refer to?

- A. A condition where the rotator cuff tendons become pinched**
- B. An inflammation of the biceps tendon
- C. A type of shoulder dislocation
- D. A fracture in the shoulder joint

Impingement syndrome specifically refers to a condition characterized by the pinching of the rotator cuff tendons as they pass through the subacromial space in the shoulder. This condition often arises due to repetitive overhead activities, which can lead to inflammation and irritation of the tendons, causing pain and limiting shoulder mobility. The rotator cuff is a group of muscles and tendons that helps stabilize the shoulder and allows for a wide range of motion. When these tendons are compressed against the acromion (the bony top of the shoulder blade), it results in the characteristic symptoms associated with impingement syndrome, including pain during lifting motions or reaching. In contrast, inflammation of the biceps tendon focuses specifically on the tendon associated with the biceps muscle and does not encompass the broader issue of tendon pinching in the shoulder. A type of shoulder dislocation refers specifically to the dislocation of the joint, which involves a different pathological process compared to impingement syndrome. Lastly, a fracture in the shoulder joint involves a break in the bones and is a distinct injury from the gradual irritation and inflammation seen in impingement syndrome. Understanding these differences clarifies how impingement syndrome uniquely relates to the mechanics and anatomy of the shoulder.

10. What is the recommended source-to-image distance (SID) for the anteroposterior (AP) projection of the humerus?

- A. 30 inches (76cm)
- B. 40 inches (102cm)**
- C. 50 inches (127cm)
- D. 60 inches (152cm)

The recommended source-to-image distance (SID) for the anteroposterior (AP) projection of the humerus is indeed 40 inches (102 cm). This distance is optimal to yield a clear and well-defined image of the humerus while minimizing distortion. Maintaining this specific SID helps to ensure that sufficient detail is captured, which is crucial for accurate assessment and diagnosis. Using an SID of 40 inches strikes a balance between image detail and the potential for patient exposure to radiation. At this distance, the x-rays have sufficient distance to spread out, reducing the penumbra effect around the edges of the humerus and enhancing the overall sharpness of the image. While shorter or longer distances could be used, they might compromise image quality or increase radiation exposure unnecessarily. Thus, the established guideline of 40 inches has been adopted for producing high-quality radiographs of the humerus in the anteroposterior view.

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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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