

SELECTED CERVICAL PATHOLOGIES, DYSFUNCTIONS, AND TREATMENTS 1 PRACTICE TEST (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. If eye movements are normal in a WAD assessment, the prognosis is most likely to be what?
 - A. Partial recovery
 - B. Unknown
 - C. Full recovery
 - D. No recovery
2. What is the most common origin of cervical spine metastasis in adults?
 - A. Lung cancer
 - B. Prostate cancer
 - C. Breast cancer
 - D. Renal cell carcinoma
3. Atlas-dens interval instability: what measurement indicates instability?
 - A. greater than 1 mm
 - B. greater than 2 mm
 - C. greater than 4 mm
 - D. greater than 3 mm
4. Which structure forms the posterior boundary of the spinal canal and can hypertrophy to contribute to canal narrowing?
 - A. Ligamentum flavum
 - B. Posterior longitudinal ligament
 - C. Interspinous ligament
 - D. Ligamentum nuchae
5. _____ sx can become apparent 6 wks post WAD
 - A. Anxiety
 - B. Headache
 - C. Seizures
 - D. Depressive

- 6. The usual criterion for considering surgical intervention in cervical spondylotic myelopathy is based on what?**
- A. Progression of symptoms or development of myelopathy despite conservative management
 - B. Immediate surgery for all cases
 - C. Surgery only if imaging shows stenosis
 - D. Surgery only if patient requests
- 7. What dermatomal distribution is associated with C7 nerve root pain?**
- A. Middle finger distribution and associated triceps strength
 - B. Ring finger distribution
 - C. Thumb distribution
 - D. Little finger distribution
- 8. Poor what results in impaired joint movement control and repeated microtrauma?**
- A. Balance
 - B. Endurance
 - C. Proprioception
 - D. Motor control
- 9. Which muscle lengthening targets are included in thoracic outlet syndrome physical therapy?**
- A. Scalenes, levator scapulae, and pectoralis minor
 - B. Hamstrings and calves
 - C. Biceps and brachialis
 - D. Abdominals only
- 10. Which type of receptor is most numerous in the cervical spine and connects to vestibular, visual, and postural control systems?**
- A. Nociceptors
 - B. Thermoreceptors
 - C. Mechanoreceptors
 - D. Chemoreceptors

Answers

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

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Explanations

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1. If eye movements are normal in a WAD assessment, the prognosis is most likely to be what?

- A. Partial recovery
- B. Unknown
- C. Full recovery**
- D. No recovery

Normal eye movements indicate there's no cranial nerve or brainstem involvement and no vestibulo-oculomotor disruption. In whiplash-associated disorders, the absence of neuro-ophthalmic signs is a positive prognostic indicator and is typically associated with a quicker, often complete recovery. If eye movements were abnormal, that would raise concern for ongoing neuro involvement and a less favorable or more uncertain course. So when eye movements are normal, full recovery is the most likely outcome.

2. What is the most common origin of cervical spine metastasis in adults?

- A. Lung cancer
- B. Prostate cancer
- C. Breast cancer**
- D. Renal cell carcinoma

Spinal metastases arise when cancer cells travel through the bloodstream and seed the vertebral column, with the axial skeleton being a common target. Among adults, breast cancer has the highest tendency to spread to bone, including the cervical spine, making it the most frequent source of cervical spine metastases. Other primaries like prostate, lung, and renal can also spread to the spine, but their contribution to cervical metastases is smaller. So, in a patient with neck symptoms and a history of breast cancer, metastasis to the cervical spine is the leading concern.

3. Atlas-dens interval instability: what measurement indicates instability?

- A. greater than 1 mm
- B. greater than 2 mm
- C. greater than 4 mm
- D. greater than 3 mm**

The key idea is that instability at the atlas-dens interval is defined by the anterior atlantodental interval exceeding a normal threshold. The distance between the anterior arch of the atlas (C1) and the dens of the axis (C2) should be small. In adults, a normal interval is up to about 3 mm. When this distance is greater than 3 mm, it suggests laxity or rupture of the transverse ligament, allowing abnormal forward movement of C1 on C2 and signaling atlantoaxial instability, which can threaten the spinal cord. Dynamic imaging, like flexion-extension views, is often used because instability may be more evident with movement than in a neutral position. Contextually, in children the threshold can be higher (the normal range is a bit larger), but for adults the >3 mm criterion is the standard indicator of instability. So, the measurement that indicates atlas-dens interval instability is an anterior atlantodental interval greater than 3 mm.

4. Which structure forms the posterior boundary of the spinal canal and can hypertrophy to contribute to canal narrowing?

- A. Ligamentum flavum
- B. Posterior longitudinal ligament
- C. Interspinous ligament
- D. Ligamentum nuchae

The ligamentum flavum is the structure that forms part of the posterior boundary of the spinal canal and can thicken with age or degenerative change. It runs between the laminae of adjacent vertebrae and lies right along the back wall of the canal. When it hypertrophies or buckles inward, it reduces the space available for the dural sac and nerve roots, contributing to canal stenosis and symptoms like neurogenic claudication. The posterior longitudinal ligament stays along the front (anterior) aspect of the canal, so its thickening narrows the canal from the front rather than the back. The interspinous ligament lies between spinous processes and mainly limits flexion, not the primary posterior boundary. The ligamentum nuchae is a cervical structure; it does not form the posterior boundary of the spinal canal throughout the spine.

5. _____ sx can become apparent 6 wks post WAD

- A. Anxiety
- B. Headache
- C. Seizures
- D. Depressive

Depressive symptoms can emerge weeks after a whiplash injury because ongoing pain, stiffness, and reduced function often affect mood over time. By about six weeks, the persistent impact on daily activities and sleep can lead to low energy, anhedonia, and pessimism, making depressive feelings noticeable. This timing fits with how mood changes often develop when physical symptoms linger and recovery stalls. Headache and anxiety can occur in the context of whiplash as well, but the delayed appearance of mood-related symptoms around six weeks makes depressive presentation the best fit. Seizures are not a typical feature of whiplash-associated disorders.

6. The usual criterion for considering surgical intervention in cervical spondylotic myelopathy is based on what?

- A. Progression of symptoms or development of myelopathy despite conservative management
- B. Immediate surgery for all cases
- C. Surgery only if imaging shows stenosis
- D. Surgery only if patient requests

In cervical spondylotic myelopathy, when to operate is driven by how the patient's neurological status changes over time, not by imaging alone. If symptoms are getting worse or new signs of myelopathy appear despite nonoperative care, surgical decompression and stabilization are indicated to prevent further decline. Imaging can show stenosis, but it doesn't by itself dictate surgery—some people with clear imaging findings remain stable, while others with less dramatic imaging may deteriorate. Surgery isn't automatic for everyone, and decisions aren't made simply because the patient requests it; the clinical course and response to conservative treatment guide timing. So the usual criterion is progression of symptoms or development of myelopathy despite conservative management.

7. What dermatomal distribution is associated with C7 nerve root pain?

A. Middle finger distribution and associated triceps strength

B. Ring finger distribution

C. Thumb distribution

D. Little finger distribution

C7 radiculopathy shows up as sensory changes in the middle finger because that digit's skin area is the classic C7 dermatome. The motor piece often involves elbow extension, which is powered by the triceps and is a function primarily supplied by the C7 root. So when pain or sensory disturbance travels along the middle finger and elbow extension strength is affected (triceps), that pattern best fits a C7 nerve root issue. In contrast, sensation on the thumb maps to C6, the ring finger to C8, and the little finger to C8–T1, so those distributions don't align with C7.

8. Poor what results in impaired joint movement control and repeated microtrauma?

A. Balance

B. Endurance

C. Proprioception

D. Motor control

Focus on motor control. When the neuromuscular system that coordinates cervical joint movement is weak or poorly timed, the stabilizing muscles around the neck don't activate in the correct sequence or with the right timing. This leaves joints to move in abnormal ways, placing repetitive stress on passive structures like capsules, ligaments, and facet joints. Over time, this improper, unsteady movement causes microtrauma from repeated loading, contributing to ongoing pain and dysfunction. Proprioception relates to sensing where the joints are, and it feeds into motor control, but the core issue here is the execution—how well the muscles coordinate to stabilize and move the joints. Balance and endurance are important for broader function but don't directly explain the pattern of impaired joint movement control and repeated microtrauma in this context. Rehabilitation therefore concentrates on restoring efficient motor control through neuromuscular retraining and targeted cervical stabilization.

9. Which muscle lengthening targets are included in thoracic outlet syndrome physical therapy?

A. Scalenes, levator scapulae, and pectoralis minor

B. Hamstrings and calves

C. Biceps and brachialis

D. Abdominals only

Thoracic outlet syndrome symptoms stem from compression of the neurovascular structures as they pass through the thoracic outlet. The muscles most often targeted for lengthening in physical therapy are the scalenes, levator scapulae, and pectoralis minor. Tight scalenes can narrow the space between the first rib and the clavicle, especially with certain head and arm positions, reducing room for the brachial plexus and subclavian vessels. A shortened pectoralis minor pulls the shoulder girdle forward and down under the clavicle, further constricting the passage under the coracoid process. Levator scapulae tension can shift and stabilize the upper back and shoulder region, contributing to altered scapular mechanics that affect the thoracic outlet. Lengthening these muscles helps open up the outlet and can alleviate symptoms. The other options involve muscles that aren't primary contributors to thoracic outlet compression. The hamstrings and calves are lower-body muscles, not involved in the outlet through which the neurovascular bundle travels. The biceps and brachialis act at the elbow and do not typically change the space at the thoracic inlet/outlet. The abdominals influence trunk movement, but they don't directly impact the mechanical space around the thoracic outlet.

10. Which type of receptor is most numerous in the cervical spine and connects to vestibular, visual, and postural control systems?

A. Nociceptors

B. Thermoreceptors

C. Mechanoreceptors

D. Chemoreceptors

Mechanoreceptors are the main sensors here because they detect mechanical changes—stretch, pressure, and movement—in muscles, tendons, and joints. In the cervical spine, especially in the suboccipital region, there is a high density of muscle spindle and joint capsule receptors that continually relay information about head and neck position to the brain. This proprioceptive input is essential for coordinating with the vestibular system (which senses head motion and helps keep gaze stable), the visual system (which relies on accurate head and body orientation for clear vision), and postural control mechanisms that maintain balance. Because of their role in sensing how the neck is moving and oriented, mechanoreceptors are the most numerous and critical in linking neck proprioception with vestibular, visual, and postural control. Nociceptors, thermoreceptors, and chemoreceptors serve other functions (pain, temperature, chemical changes) and do not provide the primary proprioceptive input that integrates with these systems.

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://selectedcervicalpathdysfunctreatments1.examzify.com>

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

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