

SPEC CHIROPRACTIC 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 diagnosis is indicated by lateral elbow pain with gripping and a positive resisted wrist extension test?**
 - A. Lateral epicondylitis
 - B. Medial epicondylitis
 - C. Cubital tunnel syndrome
 - D. Radial tunnel syndrome

- 2. If a chiropractor changes the adjusting technique, what must occur?**
 - A. Re-consent the patient
 - B. Do nothing
 - C. Notify staff only
 - D. Document in chart

- 3. Which of the following best describes Fee Splitting?**
 - A. Referring Medicare patients to an MRI machine you own
 - B. Paying fees for referrals; Example Paying a medical doctor a percentage of every patient they send you
 - C. Upcoding
 - D. Unbundling

- 4. In the VOMIT red flags, which term corresponds to the letter M?**
 - A. Vertebral Artery Dissection
 - B. Oncology Cancer
 - C. Meningitis
 - D. Infection / Instability

- 5. Which two selective serotonin reuptake inhibitors are explicitly named in the material?**
 - A. Citalopram and Paroxetine
 - B. Sertraline and Fluoxetine
 - C. Venlafaxine and Duloxetine
 - D. Bupropion and Mirtazapine

- 6. In SOAP notes, which component ensures alignment between subjective complaints and objective findings when forming the assessment?**
- A. Subjective
 - B. Objective
 - C. Assessment
 - D. Plan
- 7. Chronic use of NSAIDs such as ibuprofen or naproxen is associated with which risks?**
- A. Hypertension only
 - B. Improved kidney function
 - C. GI bleeds and nephrotoxicity
 - D. Increased bone density
- 8. In screening for spinal pathology with MRI, which tissue categories should be documented as findings?**
- A. Disc, cord, soft tissue
 - B. Vertebral bodies and bone marrow
 - C. Facet joints and ligaments
 - D. Nerve roots and blood vessels
- 9. Fosamax is the brand name for which drug?**
- A. Zoledronic acid
 - B. Alendronate
 - C. Denosumab
 - D. Risedronate
- 10. What is the strongest predictor of a successful return-to-work outcome for a patient with mechanical low back pain?**
- A. Early intervention within 7 days of onset
 - B. Delayed care reduces chronicity
 - C. Increased pain intensity leads to better outcomes
 - D. Extended bed rest accelerates recovery

Answers

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

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Explanations

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1. Which diagnosis is indicated by lateral elbow pain with gripping and a positive resisted wrist extension test?

- A. Lateral epicondylitis**
- B. Medial epicondylitis
- C. Cubital tunnel syndrome
- D. Radial tunnel syndrome

This scenario is measuring recognition of lateral epicondylitis, a tendinopathy of the common extensor tendon at the lateral elbow. Gripping increases load on the wrist extensors, and a positive resisted wrist extension test directly stresses the extensor tendon, especially the extensor carpi radialis brevis. When the patient tries to extend the wrist against resistance with the elbow straight, pain at the outer elbow confirms the tendinous origin on the lateral epicondyle. Medial epicondylitis would present with pain on the inner elbow and worsens with resisted wrist flexion. Cubital tunnel syndrome involves numbness or tingling in the ulnar nerve distribution and weakness of intrinsic hand muscles, not just elbow pain with gripping. Radial tunnel syndrome causes forearm pain near the radial head and is typically provoked by forearm rotation or resisted supination, not primarily by gripping.

2. If a chiropractor changes the adjusting technique, what must occur?

- A. Re-consent the patient**
- B. Do nothing
- C. Notify staff only
- D. Document in chart

When you change the method used to deliver care, you're altering what the patient is consenting to. That shift can bring new risks, benefits, or expectations, so the patient must be informed and provide consent to the updated technique. This re-consent protects patient autonomy and meets ethical and legal standards for treatment changes. After obtaining consent, you should document the new consent and the details of the technique in the chart. Merely doing nothing, notifying staff without the patient's agreement, or recording the change without consent does not satisfy the requirement to obtain informed consent for the new approach.

3. Which of the following best describes Fee Splitting?

- A. Referring Medicare patients to an MRI machine you own
- B. Paying fees for referrals; Example Paying a medical doctor a percentage of every patient they send you**
- C. Upcoding
- D. Unbundling

Fee splitting means giving or receiving payment specifically in exchange for referrals. Paying a doctor a percentage of every patient they send you fits this exactly — it monetizes the act of referring, creating a financial incentive to send patients regardless of medical need. This kind of arrangement is illegal and unethical because it can distort clinical judgment and drive overutilization. The other ideas describe different issues: providing a referral to an MRI you own is a form of self-referral or improper referral arrangement and is also restricted, but it's not the basic definition of fee splitting. Upcoding means billing for a higher-level service than was performed, and unbundling means billing components separately when they should be bundled; both are billing fraud, not the act of paying for referrals.

4. In the VOMIT red flags, which term corresponds to the letter M?

- A. Vertebral Artery Dissection
- B. Oncology Cancer
- C. Meningitis**
- D. Infection / Instability

Meningitis is the term represented by the letter M in the VOMIT red flags. VOMIT is a screening mnemonic for serious conditions that require urgent evaluation in patients with neck or spine complaints. Meningitis is a medical emergency, and its signs—fever, severe headache, neck stiffness, photophobia, or altered mental status—signal that spinal manipulation could be dangerous and that immediate medical referral is needed. The other items listed correspond to the other red-flag categories in the mnemonic (for example, Vertebral Artery Dissection and Oncology/Cancer), but the one that matches the letter M is Meningitis.

5. Which two selective serotonin reuptake inhibitors are explicitly named in the material?

- A. Citalopram and Paroxetine
- B. Sertraline and Fluoxetine**
- C. Venlafaxine and Duloxetine
- D. Bupropion and Mirtazapine

The main idea is recognizing which drugs are selective serotonin reuptake inhibitors (SSRIs) and which ones the material actually names as examples. Sertraline and Fluoxetine are both SSRIs, and the material explicitly names these two as the representatives of that class, which is why they're the best fit. SSRIs work by blocking the serotonin transporter, increasing serotonin levels in the synaptic cleft. The other options mix in different antidepressant classes: Venlafaxine and Duloxetine are SNRIs (not pure SSRIs), while Bupropion and Mirtazapine are not SSRIs at all. Although Citalopram and Paroxetine are SSRIs, the material doesn't name that pair, so they aren't the two SSRIs being referenced here.

6. In SOAP notes, which component ensures alignment between subjective complaints and objective findings when forming the assessment?

- A. Subjective
- B. Objective
- C. Assessment**
- D. Plan

Assessment is where you synthesize what the patient reports with what you observe to form the clinical impression. It ties subjective complaints to objective findings, explaining how the data support the diagnosis and guiding the plan. If the symptoms and findings align, the impression reinforces the chosen diagnosis; if there are discrepancies, the assessment notes them and adjusts the reasoning accordingly. The Subjective section provides the patient's report, the Objective section provides observable data, and the Plan outlines what you'll do next—these parts don't alone integrate S and O into a diagnosis.

7. Chronic use of NSAIDs such as ibuprofen or naproxen is associated with which risks?

- A. Hypertension only
- B. Improved kidney function
- C. GI bleeds and nephrotoxicity**
- D. Increased bone density

Chronic use of NSAIDs damages tissues by blocking protective prostaglandins, which is why GI bleeding and kidney injury are the most likely risks. Prostaglandins help protect the stomach lining and maintain a healthy mucous barrier, so inhibiting them with NSAIDs increases the chance of gastritis, ulcers, and GI bleeding with long-term use. In the kidneys, prostaglandins help keep blood flow to the glomeruli adequate; NSAIDs reduce this protective effect, potentially lowering GFR and leading to nephrotoxicity, especially in those with dehydration, existing kidney disease, or other risk factors. Other options don't fit as well: hypertension can be a consequence in some cases but isn't the primary or most direct risk described here, improvement of kidney function is incorrect, and increased bone density has no relation to NSAID use.

8. In screening for spinal pathology with MRI, which tissue categories should be documented as findings?

- A. Disc, cord, soft tissue**
- B. Vertebral bodies and bone marrow
- C. Facet joints and ligaments
- D. Nerve roots and blood vessels

The main idea is to organize MRI spinal findings around three tissue groups: the intervertebral discs, the spinal cord, and the surrounding soft tissues. Intervertebral discs are the primary source of pathology that can cause nerve compression or instability, so documenting degenerative changes, disc bulges or herniations, annular tears, and altered disc signal is essential. The spinal cord itself must be assessed for compression, signal changes, edema, or myelopathy, since cord integrity directly relates to neurologic function. The soft tissues around the canal and foramina—epidural fat, ligaments (like the posterior longitudinal ligament and ligamentum flavum), paraspinal muscles, and other foraminal soft tissues—are important because many issues (such as ligamentous thickening, epidural collection, or foraminal stenosis) cause symptoms without primary disc or cord pathology. Vertebral bodies and bone marrow changes are critical in other scenarios (fracture, infection, malignancy, or osteoporosis) but they're not the primary categories used for screening spinal pathology on MRI. Nerve roots and blood vessels are part of the neural and vascular environment but are typically described in relation to the disc and soft tissues; the broad, practical documentation framework centers on discs, cord, and soft tissues.

9. Fosamax is the brand name for which drug?

- A. Zoledronic acid
- B. Alendronate**
- C. Denosumab
- D. Risedronate

Fosamax refers to alendronate, a bisphosphonate used to treat and prevent osteoporosis by inhibiting osteoclast-mediated bone resorption. It binds to bone and decreases bone turnover, helping to maintain or increase bone density. The other drugs listed are different agents: zoledronic acid is another IV bisphosphonate, denosumab is a monoclonal antibody against RANKL, and risedronate is a separate oral bisphosphonate. So Fosamax is alendronate.

10. What is the strongest predictor of a successful return-to-work outcome for a patient with mechanical low back pain?

- A. Early intervention within 7 days of onset**
- B. Delayed care reduces chronicity
- C. Increased pain intensity leads to better outcomes
- D. Extended bed rest accelerates recovery

Starting treatment early, ideally within the first week after onset, is the strongest predictor of a successful return-to-work for mechanical low back pain. Prompt care allows timely education, early activity and work-focused rehabilitation, and strategies to prevent fear-avoidance and deconditioning. Keeping movement and function active while managing pain helps avert the transition to chronic disability and reduces the duration of sickness absence. In contrast, delaying care tends to let pain and disability become more entrenched, increasing the risk of prolonged recovery. Higher pain intensity doesn't inherently improve outcomes and often reflects ongoing problems rather than a better prognosis, while extended bed rest hinders recovery and is not recommended.

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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:

<https://specchiropractic.examzify.com>

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

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