

94A KINESIOLOGY 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. What is RPE and how can it be integrated into training prescription?**
 - A. RPE is the subjective effort rating; it correlates with heart rate and lactate; can guide intensity when HR monitoring is impractical.
 - B. RPE is a measure of oxygen consumption.
 - C. RPE is used to measure hydration status.
 - D. RPE replaces all physiological monitoring in training.
- 2. The lateral aspect of the greater trochanter is the insertion for which muscle?**
 - A. Tensor fasciae latae
 - B. Gluteus medius
 - C. Gluteus minimus
 - D. Piriformis
- 3. Where does the fibularis longus insert?**
 - A. Tuberosity of the fifth metatarsal
 - B. Base of the first metatarsal and medial cuneiform
 - C. Calcaneus
 - D. Head of the fibula
- 4. Which scalene inserts on the second rib?**
 - A. Anterior scalene
 - B. Levator scapulae
 - C. Posterior scalene
 - D. Middle scalene
- 5. Which muscle is NOT part of the hip adductor group listed?**
 - A. Gracilis
 - B. Pectineus
 - C. Adductor magnus
 - D. Biceps femoris

6. Origin of Vastus Intermedius

- A. Anterior and lateral shaft of the femur
- B. Anterior and medial shaft of the femur
- C. Posterior shaft of the femur
- D. Intertrochanteric crest

7. What does the principle of specificity imply for sprint training?

- A. Specific adaptations occur in response to specific training stressors; focus on high-velocity sprint work.
- B. Any training yields the same adaptations.
- C. Specificity relates to nutrition planning.
- D. Specificity means training only flexibility.

8. The brachial plexus is formed by which nerve roots?

- A. C4–C8
- B. C5–T1
- C. C3–C7
- D. C6–C9

9. Which statement best explains why relative VO₂ max is typically used in performance comparisons?

- A. Relative VO₂ max accounts for body weight, enabling size-adjusted comparisons.
- B. Relative VO₂ max uses liters per minute.
- C. Relative VO₂ max ignores body size.
- D. Relative VO₂ max is always higher than absolute.

10. Which of the following lists correctly identifies the muscles comprising the Transversospinalis Group?

- A. Semispinalis; Multifidi; Rotatores
- B. Erector spinae; Interspinales
- C. Latissimus dorsi; Teres major
- D. Rectus abdominis

Answers

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

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Explanations

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1. What is RPE and how can it be integrated into training prescription?

- A. RPE is the subjective effort rating; it correlates with heart rate and lactate; can guide intensity when HR monitoring is impractical.**
- B. RPE is a measure of oxygen consumption.
- C. RPE is used to measure hydration status.
- D. RPE replaces all physiological monitoring in training.

RPE stands for rate of perceived exertion, a subjective sense of how hard a workout feels. Because it reflects how taxing the activity is on your body, it often tracks with physiological stress like heart rate and lactate buildup even though you're not measuring those markers directly. This is why RPE is a practical tool for guiding intensity when heart-rate monitoring isn't available or reliable—in the field, in heat, or with devices not worn. To put it into training prescription, you use a simple scale (commonly 6–20 or 0–10) to set target effort levels for different sessions. For example, easy aerobic work might be around a low to moderate RPE, tempo work around a moderate-to-high RPE, and interval bouts around high to very high RPE. A useful way to apply RPE is session-based: multiply the RPE you aim for by the duration of the workout to get a training load (RPE × minutes), and adjust future sessions based on how you felt. This approach allows autoregulation—you push or pull back based on daily readiness without relying solely on a device. RPE isn't a direct measure of oxygen consumption, hydration status, or a tool that replaces all physiological monitoring. Rather, it's a practical, athlete-centered gauge of effort that should be used alongside other measures (like heart rate, pace, and performance) to tailor training to how you feel on a given day.

2. The lateral aspect of the greater trochanter is the insertion for which muscle?

- A. Tensor fasciae latae
- B. Gluteus medius**
- C. Gluteus minimus
- D. Piriformis

The key idea is which muscle attaches to the lateral surface of the greater trochanter. The gluteus medius has its tendon inserting on the lateral aspect of the greater trochanter, making it the muscle you're looking for. This muscle originates from the outer surface of the ilium and its tendon spreads onto that lateral facet to anchor the hip. Its primary action is hip abduction and pelvic stabilization during standing and walking. The anterior fibers can help flex and medially rotate the thigh, while the posterior fibers assist with extension and lateral rotation. Other muscles in this area don't attach to that lateral surface: the tensor fasciae latae travels with the iliotibial band to the lateral knee; the gluteus minimus inserts on the anterior facet of the greater trochanter; and the piriformis attaches to the superior border of the greater trochanter.

3. Where does the fibularis longus insert?

- A. Tuberosity of the fifth metatarsal
- B. Base of the first metatarsal and medial cuneiform**
- C. Calcaneus
- D. Head of the fibula

Fibularis longus inserts on the base of the first metatarsal and the medial cuneiform on the plantar surface. This tendon travels from the fibula, around the lateral malleolus, and under the foot to reach those two bones, allowing the muscle to pull the first ray downward and medially. That placement supports the arches of the foot and enables eversion and a bit of plantarflexion. The tuberosity of the fifth metatarsal is the insertion for fibularis brevis, not longus; the calcaneus is not the insertion point for this muscle, and the head of the fibula is an origin, not an insertion.

4. Which scalene inserts on the second rib?

- A. Anterior scalene
- B. Levator scapulae
- C. Posterior scalene
- D. Middle scalene

The key idea is where the scalene muscles attach to the ribs. Among the scalene trio, the anterior and middle scalene insert on the first rib, while the posterior scalene inserts on the second rib. The levator scapulae is not a scalene and does not attach to a rib at all—its insertion is on the scapula. So, when asked which scalene attaches to the second rib, the posterior scalene is the one that fits that insertion pattern. It elevates the second rib during forced inspiration, aligning with its placement.

5. Which muscle is NOT part of the hip adductor group listed?

- A. Gracilis
- B. Pectineus
- C. Adductor magnus
- D. Biceps femoris

The key idea is which muscles bring the thigh toward the midline. The hip adductor group consists of muscles in the medial thigh that mainly adduct the hip: gracilis, pectineus, and adductor magnus. Gracilis is a long, thin muscle running down the inner thigh, contributing to thigh adduction (and also aiding knee flexion). Pectineus sits higher in the medial thigh and helps with hip flexion and adduction. Adductor magnus is a large muscle with an adductor part that strongly pulls the thigh inward. Biceps femoris, by contrast, belongs to the posterior compartment (the hamstrings). Its primary actions are hip extension and knee flexion, not adduction. That's why it's not considered part of the hip adductor group.

6. Origin of Vastus Intermedius

- A. Anterior and lateral shaft of the femur
- B. Anterior and medial shaft of the femur
- C. Posterior shaft of the femur
- D. Intertrochanteric crest

The key idea is where the vastus intermedius originates. This muscle sits in the middle of the quadriceps, deep to rectus femoris, between the vastus medialis and vastus lateralis. Its origin is the anterior and lateral surface of the femoral shaft, roughly the upper portion, which places it between the other two vasti along the front of the thigh. That location aligns with its function as part of the quadriceps femoris group that extends the knee. It differs from other options because the anterior and medial surface would imply attachment closer to the vastus medialis, the posterior shaft would refer to structures on the back of the femur, and the intertrochanteric crest is near the hip, not the midshaft where the vastus intermedius arises.

7. What does the principle of specificity imply for sprint training?

- A. Specific adaptations occur in response to specific training stressors; focus on high-velocity sprint work.
- B. Any training yields the same adaptations.
- C. Specificity relates to nutrition planning.
- D. Specificity means training only flexibility.

Specificity means adaptations are specific to the training stress you impose. For sprinting, that stress is maximal-speed, short-duration efforts performed with sprint mechanics and adequate recovery. Training at high velocity and with sprint-specific technique elicits neuromuscular adaptations such as faster rate of force development, improved motor unit recruitment, and better coordination of the muscles involved in sprinting, along with adaptations in the energy system that fuels short, explosive efforts. Over time, these changes translate into faster sprint times, more optimal stride frequency and length, and improved sprint mechanics. Other approaches that don't emphasize high-velocity sprint work tend to produce different adaptations and won't maximize sprint speed. Nutrition and flexibility are important for overall performance, but they don't by themselves generate sprint-specific improvements.

8. The brachial plexus is formed by which nerve roots?

- A. C4–C8
- B. C5–T1
- C. C3–C7
- D. C6–C9

The brachial plexus receives its nerve fibers from the ventral rami of spinal nerves in a specific range, spanning the lower cervical region into the first thoracic nerve. In exact terms, the contributing roots are the five ventral rami from C5 to T1. This range is what allows the plexus to supply the entire upper limb with motor and sensory innervation. If a range starts too high (excluding T1) or includes nerves outside this group (like extra, non-contributing roots), it wouldn't match the actual contributors. Likewise, ranges that extend beyond T1 or miss one of the five cores wouldn't align with how the brachial plexus is formed. So, the correct roots are C5 through T1.

9. Which statement best explains why relative VO₂ max is typically used in performance comparisons?

- A. Relative VO₂ max accounts for body weight, enabling size-adjusted comparisons.
- B. Relative VO₂ max uses liters per minute.
- C. Relative VO₂ max ignores body size.
- D. Relative VO₂ max is always higher than absolute.

The main idea is that relative VO₂ max normalizes oxygen uptake by body weight, which lets us compare endurance capacity fairly across people of different sizes. Absolute VO₂ max (liters per minute) measures total oxygen use by the body, and larger individuals will often have higher values just because they have more tissue to supply, not necessarily because they perform better per unit mass. Converting VO₂ max to milliliters per kilogram per minute removes the weight factor, showing how efficiently someone uses oxygen relative to their body mass. That's why this explanation is the best: it highlights why adjusting for body size yields meaningful comparisons in performance. The other statements miss the point: liters per minute is an absolute measure, not relative; you don't ignore body size when using relative VO₂ max; and relative VO₂ max isn't always higher than absolute—it depends on the person's body weight.

10. Which of the following lists correctly identifies the muscles comprising the Transversospinalis Group?

A. Semispinalis; Multifidi; Rotatores

B. Erector spinae; Interspinales

C. Latissimus dorsi; Teres major

D. Rectus abdominis

The key idea is recognizing the deep, stabilizing back muscles that run obliquely from the transverse processes to higher spinous processes. The muscles that make up this group are the semispinalis, multifidi, and rotatores. They span from the transverse processes of one or more vertebrae up to the spinous processes several levels above, which is why they're grouped together as transversospinalis. Their main roles are spine stabilization and producing fine control of extension and rotation, with the different muscles contributing across varying segment lengths: rotatores are the shortest (1–2 segments), multifidi span about 2–4 segments and are well developed in the lumbar and thoracic regions, and semispinalis spans about 4–6 segments and is more prominent in the thoracic and cervical areas. The other options include muscles that aren't part of this group: the erector spinae form a separate, larger back-extensor system; interspinales are short muscles between adjacent spinous processes but are not transversospinalis; latissimus dorsi and teres major are superficial back muscles primarily for shoulder movement; the rectus abdominis is an abdominal wall muscle.

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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