ANIMAL CHIROPRACTIC MODULE 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://animalchiromodule1.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1
Table of Contents 2
Introduction 3
How to Use This Guide 4
Questions 5
Answers 8
Explanations 10
Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. When documenting an adverse event, which information should be included?

A. All of the above.

B. The event description and symptoms.

C. The exact time and treatment given.

D. Owner notification and plan adjustments.

2. FOF refers to the frequency of firing of which pool?

A. Presynaptic pool

B. Postsynaptic receptors

C. Motor units

D. Central nervous system neurons

3. If the animal becomes tense or distressed during a session, what is the recommended action?

A. Continue with session as planned.

B. Sedate the animal immediately.

C. Stop, assess what caused distress, adjust restraint/treatment approach, consider a shorter session, and re-evaluate tolerance before continuing.

D. Increase session length to build tolerance.

4. What does gait analysis help identify in the chiropractic assessment of animals?

A. Asymmetries, compensatory patterns, and functional limitations pointing to musculoskeletal sources to guide treatment planning.

B. Cosmetic symmetry improvements with no functional relevance.

C. Only mental state of animal.

D. Dietary status.

5. Degenerative Myelopathy is characterized by slow, progressive, non-painful degeneration of axons and myelin in the spinal cord. Which gene mutation is associated with this condition?

A. SOD

B. BRCA1

C. CFTR

D. APP

SAMPLE

6. 'Knock down hips' and a lameness lasting about 24-48 hours is associated with which condition?

A. Hip dysplasia

B. Tuber coxae fracture

C. SI malposition

D. Lumbarization

7. List red flags that require discontinuing chiropractic care and seeking veterinary involvement.

A. Acute neurological deficits, spinal instability or suspicion of fracture, severe spinal pain with fever.

B. Rapidly progressing weakness or ataxia, deformity, or signs of systemic illness.

C. Acute neurological deficits, spinal instability or suspicion of fracture, severe spinal pain with fever, rapidly progressing weakness or ataxia, deformity, or signs of systemic illness.

D. Mild spinal stiffness with no neurological signs.

8. Which statement is true about sacral segments for equine and bovine?

A. Both have 5 sacral segments.

B. Equine has 4 sacral segments.

C. Bovine has 4 sacral segments.

D. Equine has 6 sacral segments.

9. What is the recommended approach when planning chiropractic care for an acute spinal issue?

A. Coordinate with veterinary team and prioritize medical management.

B. Immediately perform adjustments.

C. Use only alternative therapies.

D. Ignore medical management.

10. A functional unit made up of two adjacent articulating surfaces, the binding tissue, and all tissues between them is called a...

A. Joint

B. Motor unit

C. Ligament cluster

D. Tissue complex

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. When documenting an adverse event, which information should be included?

A. All of the above.

B. The event description and symptoms.

C. The exact time and treatment given.

D. Owner notification and plan adjustments.

When an adverse event occurs, the most important action to document is the communication with the owner and the resulting plan adjustments. Promptly notifying the owner shows transparency and keeps them informed about what happened, the implications for their animal, and what will be changed in the care plan. Recording the agreed-upon adjustments demonstrates proactive management, ensures a clear path forward, and supports continuity of care and informed consent. While detailing the event, symptoms, exact time, and treatments given are all useful parts of the record, the emphasis in this context is on the owner update and the modifications to the plan. This combination strengthens accountability, safety, and collaboration with the owner, which are crucial after an adverse event.

2. FOF refers to the frequency of firing of which pool?

A. Presynaptic pool

B. Postsynaptic receptors

C. Motor units

D. Central nervous system neurons

FOF concerns how often signals are sent from the presynaptic side to the next neuron. The presynaptic pool is the group of neurons that release neurotransmitter onto the postsynaptic cell, so its firing frequency directly controls how often neurotransmitter is released and thus how strong or frequent the postsynaptic response will be. Postsynaptic receptors don't "fire" — they respond to neurotransmitter binding. Motor units are the final effector system, not the source of action potentials at the synapse, and central nervous system neurons is too broad a category for this specific measure. Therefore, the frequency of firing of the presynaptic pool best fits the concept.

3. If the animal becomes tense or distressed during a session, what is the recommended action?

A. Continue with session as planned.

B. Sedate the animal immediately.

C. Stop, assess what caused distress, adjust restraint/treatment approach, consider a shorter session, and re-evaluate tolerance before continuing.

D. Increase session length to build tolerance.

When an animal shows tension or distress, the priority is to protect welfare and ensure accurate assessment. The best action is to pause the session, stop what's happening, and observe closely to identify what caused the distress. Then adjust how the animal is restrained or treated, possibly switch to a gentler approach, slow down the pace, or switch to a shorter, more manageable session. Reassess the animal's tolerance and only continue if it has calmed and shows no signs of escalating stress. This approach prevents escalation, helps maintain safety for both the animal and the clinician, and allows a more reliable evaluation of the animal's condition. Continuing as planned risks worsening distress and potentially harming the animal or clouding clinical findings. Sedating immediately introduces additional risks, can mask pain or dysfunction, and isn't a substitute for addressing the underlying cause of distress. Increasing session length to build tolerance without first resolving the distress is likely to backfire, as the animal may become more anxious rather than more tolerant.

SAMPLE

4. What does gait analysis help identify in the chiropractic assessment of animals?

A. Asymmetries, compensatory patterns, and functional limitations pointing to musculoskeletal sources to guide treatment planning.

B. Cosmetic symmetry improvements with no functional relevance.

C. Only mental state of animal.

D. Dietary status.

Gait analysis in chiropractic assessment looks at how the animal moves to uncover musculoskeletal problems. By comparing left and right sides, you can spot asymmetries that point to a painful or restricted limb, joint, or muscle. Observing compensatory patterns—how the animal shifts weight, changes stride or posture, or moves the spine—reveals how it adapts to pain or dysfunction. Noting functional limitations such as reduced stride length or reluctance to bear weight helps gauge severity and monitor improvement. This information directly guides treatment planning by localizing sources of pain or restriction and informing where to apply adjustments, soft tissue work, and rehab. Cosmetic symmetry, mental state, or dietary status do not provide the functional guidance gait analysis offers.

5. Degenerative Myelopathy is characterized by slow, progressive, non-painful degeneration of axons and myelin in the spinal cord. Which gene mutation is associated with this condition?

A. SOD

B. BRCA1

C. CFTR

D. APP

Degenerative myelopathy in dogs has a clear genetic link to the SOD1 gene. This gene encodes an enzyme, superoxide dismutase, that helps neutralize harmful oxygen radicals. When the SOD1 gene is mutated, motor neurons in the spinal cord begin to degenerate over time, leading to the slow, progressive, non-painful hind limb weakness and ataxia that characterize the condition. Among the options, this is the one directly associated with DM across many breeds, making it the best fit. The other genes are tied to different diseases in humans—BRCA1 to breast/ovarian cancer risk, CFTR to cystic fibrosis, and APP to Alzheimer's disease—so they don't describe the cause of degenerative myelopathy in dogs.

SAMPLE

6. 'Knock down hips' and a lameness lasting about 24-48 hours is associated with which condition?

A. Hip dysplasia

B. Tuber coxae fracture

C. SI malposition

D. Lumbarization

Knock down hips after a blunt impact points to trauma localized at the hip area. A fracture of the tuber coxae is a direct injury to the iliac/hip region and can cause an acute lameness that lasts for about 24–48 hours as pain and reflex guarding subside. This pattern fits a short, trauma-related lameness confined to the pelvic bone. Hip dysplasia is a developmental issue that tends to cause chronic, progressive lameness rather than a brief episode after an incident. Sacroiliac (SI) malposition would produce pain and dysfunction around the SI joint often with hindquarter movement issues, not a focal hip fracture presenting as a short-lived lameness. Lumbarization, an anatomical variant in the spine, wouldn't explain a post-traumatic hip-focused lameness either. So the described scenario aligns best with a tuber coxae fracture. If imaging confirms no fracture, the lameness could be managed as a soft-tissue pelvic injury or transient inflammation, but the key idea is that this acute hip-area trauma most commonly points to a tuber coxae fracture.

7. List red flags that require discontinuing chiropractic care and seeking veterinary involvement.

A. Acute neurological deficits, spinal instability or suspicion of fracture, severe spinal pain with fever.

B. Rapidly progressing weakness or ataxia, deformity, or signs of systemic illness.

C. Acute neurological deficits, spinal instability or suspicion of fracture, severe spinal pain with fever, rapidly progressing weakness or ataxia, deformity, or signs of systemic illness.

D. Mild spinal stiffness with no neurological signs.

When guarding an animal's safety, any sign that suggests a serious underlying problem should prompt veterinary involvement and stopping chiropractic care until evaluated. The most complete set of red flags includes acute neurological deficits, spinal instability or suspected fracture, severe spinal pain with fever, rapidly progressing weakness or ataxia, deformity, and signs of systemic illness. Each cue points to something that could be worsened by manipulation and needs medical assessment first: neurological signs or ataxia imply potential spinal cord or nerve involvement; instability or fracture raises the risk of further injury; fever with severe spinal pain suggests infection or inflammatory disease; rapid progression or deformity indicates evolving pathology; systemic illness signals conditions that require diagnosis and management beyond chiropractic care. This is why the option that lists all of these signs together is the best choice—it reflects the full range of conditions that require veterinary evaluation rather than chiropractic adjustment. Mild stiffness without any neurological signs is not a red flag and does not necessitate discontinuing care.

SAMPLE

8. Which statement is true about sacral segments for equine and bovine?

A. Both have 5 sacral segments.

B. Equine has 4 sacral segments.

C. Bovine has 4 sacral segments.

D. Equine has 6 sacral segments.

Sacral segments are the vertebrae that fuse to form the sacrum, which anchors the pelvis and transfers weight to the hind limbs. In both horses and cattle, there are five sacral vertebrae that fuse into a single sacrum. This five-segment setup provides a strong, stable base for pelvic movement and load-bearing. Therefore, the standard anatomy for both species is five sacral segments, making that statement true. Variations can occur rarely, but they are not typical.

9. What is the recommended approach when planning chiropractic care for an acute spinal issue?

A. Coordinate with veterinary team and prioritize medical management.

B. Immediately perform adjustments.

C. Use only alternative therapies.

D. Ignore medical management.

Coordinating with the veterinary team and prioritizing medical management sets up safe, effective chiropractic care for an acute spinal issue. In acute cases, the first goals are to assess stability, control pain and inflammation, and rule out conditions that may need medical or surgical intervention. When the vet is involved, imaging, diagnostics, and appropriate medications can be planned in harmony with any chiropractic care, and adjustments can be timed for when tissues are ready and the animal is stabilized. This collaborative approach helps ensure safety and guides rehabilitation in a way that supports healing rather than risking further injury. Avoiding medical clearance and rushing to adjustments can destabilize an already injured spine or miss red flags that require medical treatment. Relying solely on alternative therapies or ignoring medical management can leave serious underlying issues untreated and unsafe to address with chiropractic care alone.

10. A functional unit made up of two adjacent articulating surfaces, the binding tissue, and all tissues between them is called a...

A. Joint

B. Motor unit

C. Ligament cluster

D. Tissue complex

This question tests understanding of what constitutes a joint. A joint is the functional unit where two adjacent bones (articulating surfaces) meet and move relative to each other, bound by the joint capsule and ligaments, with all tissues between them such as articular cartilage and synovial lining. This combination provides both movement and stability, capturing the full set of components described. The term that fits this description best is the joint because it explicitly refers to the two bone surfaces plus the binding tissues and interposed structures that enable articulation. The motor unit, in contrast, is a neuromuscular unit (a motor neuron and the muscle fibers it controls) and does not describe a bone-to-bone articulation. The other terms aren't standard anatomical descriptors for this whole assembly and don't accurately name the functional unit of two bones with their binding and interposed tissues.

SAMPLE

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://animalchiromodule1.examzify.com

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

SAMPLE