ANIMAL CHIROPRACTIC MODULE 4 – EXTREMITIES 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.

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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!

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Questions

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1. Are the fibula and tibia fused in the dog?

A. True

B. False

C. Not Fused

D. Sometimes Fused

2. Which joints are commonly adjusted in veterinary extremity chiropractic for the forelimb and hindlimb?

A. Forelimb Carpal Joints and Elbow; Hindlimb Tarsal Joints and Stifle

B. Forelimb Shoulder and Elbow; Hindlimb Tarsal Joints and Stifle

C. Forelimb Carpal Joints and Shoulder; Hindlimb Tarsal Joints and Hip

D. Forelimb Elbow and Shoulder; Hindlimb Tarsal Joints and Hip

3. Which grade of club feet is defined as heavily dished anterior hoof wall angle 80 degrees or more?

A. Grade 1

B. Grade 2

C. Grade 3

D. Grade 4

4. During a declaw procedure, which bone is removed?

A. P2

B. Metacarpal

C. P3

D. P1

5. Hock osteoarthritis is often positive to which test?

A. Flexion

B. Extension

C. Palpation

D. Ultrasound

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6. Which abnormality is described as broken back hoof pastern angle?

A. Broken Forward Pastern

B. Broken Back Pastern Angle

C. Club Foot

D. Crushed Hoof

7. How would you reassess progress after an extremity adjustment?

A. Reassess ROM, joint stability, gait, and pain; compare to initial findings

B. Reassess only weight-bearing status

C. Take the same notes but no physical exam

D. Only assess appetite

8. Nodding occurs on the down with which limb lameness?

A. Hind limb lameness

B. Front limb lameness

C. Bilateral lameness

D. No lameness

9. During stride length, the hind hoof typically reaches up into which feature of the front hoof?

A. heel bulb

B. hoof wall

C. front hoof print

D. frog

10. An injury that can be caused as the nerve crosses the cranial border of the scapula and leads to atrophy of the supraspinatus and infraspinatus is which nerve?

A. Radial nerve

B. Medial/ulnar nerve

C. Suprascapular nerve

D. Tibial nerve

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Answers

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

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Explanations

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1. Are the fibula and tibia fused in the dog?

A. True

B. False

C. Not Fused

D. Sometimes Fused

In dogs, the tibia and fibula are two separate bones that run parallel to each other and are connected along their lengths by an interosseous membrane, plus small end joints. They do not fuse into one bone under normal anatomy. The fibula is thinner and mainly serves as muscle attachment and lateral stability, while the tibia bears most of the weight. Because they remain distinct rather than fused, the statement is not correct. (Rare congenital fusion can occur in other contexts, but it is not the normal canine anatomy.)

2. Which joints are commonly adjusted in veterinary extremity chiropractic for the forelimb and hindlimb?

A. Forelimb Carpal Joints and Elbow; Hindlimb Tarsal Joints and Stifle

B. Forelimb Shoulder and Elbow; Hindlimb Tarsal Joints and Stifle

C. Forelimb Carpal Joints and Shoulder; Hindlimb Tarsal Joints and Hip

D. Forelimb Elbow and Shoulder; Hindlimb Tarsal Joints and Hip

In veterinary extremity chiropractic, adjustments target joints that most directly influence gait and limb function and are accessible for manual manipulation. The forelimb joints commonly adjusted are the carpal joints (the wrist area) and the elbow, while the hindlimb joints most often targeted are the tarsal joints (the hock) and the stifle (the knee). Carpal joints are a frequent focus because the carpus is a complex, highly mobile region that distributes load along the limb; restrictions here can alter paw placement and overall limb function. The elbow is a key hinge joint connecting the forelimb to the radius/ulna, and issues there can significantly affect extension and flexion mechanics, influencing the animal's gait and weight bearing. For the hindlimb, the tarsal joints are similarly important for propulsion and landing mechanics, and their mobility can affect overall limb alignment. The stifle is a major weight-bearing joint with substantial ROM, so addressing restrictions there helps restore proper stifle tracking and limb function during movement. Shoulder and hip joints, while they can be involved in some cases, are deeper and more variable in terms of accessibility and risk during routine extremity adjustments, making the combination of forelimb carpal joints and elbow with hindlimb tarsal joints and stifle the most commonly practiced target set.

3. Which grade of club feet is defined as heavily dished anterior hoof wall angle 80 degrees or more?

A. Grade 1

B. Grade 2

C. Grade 3

D. Grade 4

Grading club feet is about how severe the deformity is based on how much the front of the hoof is dished and the overall angle of the anterior hoof wall. The more the dish and the larger the angle, the more advanced the deformity. An anterior hoof wall angle of eighty degrees or more signifies the most severe category, because it reflects a extreme inward curvature and a pronounced dorsal deviation of the hoof. This level of dish means substantial weight-bearing imbalance and often requires more aggressive or specialized management. Lower grades involve progressively less dish and smaller angles, corresponding to milder deformities that may respond to simpler corrective trimming and adjustments.

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4. During a declaw procedure, which bone is removed?

A. P2

B. Metacarpal

C. P3

D. P1

The bone removed in a declaw is the distal phalanx—the last bone of the toe that the claw sits on. The claw is anchored to this bone and the nail bed sits within it, so removing the distal phalanx eliminates the claw at its source. The proximal and middle phalanges are more proximal and do not include the claw's base, so removing them would not remove the claw and would impair paw function in a different way. The metacarpal is a much more proximal bone in the paw, and removing it would be a far more extensive procedure. Therefore, the distal phalanx is the bone removed.

5. Hock osteoarthritis is often positive to which test?

A. Flexion

B. Extension

C. Palpation

D. Ultrasound

Focusing the test on how the joint reacts to stress is key. In osteoarthritis of the hock, the joint surfaces, cartilage, and the lining (synovium) are painful when the joint is stressed. A flexion test specifically compresses and strains the hock joint by bending it, which increases pressure inside the joint and stretches its capsule and ligaments. That added stress reliably brings out pain symptoms if OA is present, making the test more frequently positive than simply touching the area or imaging alone. Palpation can reveal local tenderness but doesn't always provoke the same pain response you'd get from moving the joint, and ultrasound is an imaging modality that shows structural changes rather than testing the joint's pain response to motion. Extension tends to place the stress differently and may not reproduce OA pain as consistently as flexion. So, when looking for a functional pain response in hock OA, the flexion test is the most likely to be positive.

6. Which abnormality is described as broken back hoof pastern angle?

A. Broken Forward Pastern

B. Broken Back Pastern Angle

C. Club Foot

D. Crushed Hoof

Understanding how the hoof and pastern relate in the distal limb helps explain this label. A broken back pastern angle means the pastern segment is oriented toward the back of the limb relative to the hoof, creating an angle at the pastern joint that breaks backward from the normal line. This specific direction of the deviation is what distinguishes it from other angle problems. In contrast, a broken forward pastern tilts toward the front of the limb, while club foot involves a different pattern of a steep hoof-pastern axis, and a crushed hoof is a damage process rather than a naming of the angular relationship. So, the term describes the pastern slanting backward in relation to the hoof. To spot it, look at a side view and see if the axis bends toward the rear at the pastern joint.

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7. How would you reassess progress after an extremity adjustment?

A. Reassess ROM, joint stability, gait, and pain; compare to initial findings

B. Reassess only weight-bearing status

C. Take the same notes but no physical exam

D. Only assess appetite

Reassessing after an extremity adjustment should focus on how the joint and limb respond across movement, stability, and pain, using the initial baseline as a reference. Rechecking range of motion shows whether joint mobility improved and stiffness lessened, while rechecking joint stability confirms the ligaments and supporting tissues are still providing appropriate support. Observing gait during weight-bearing tasks reveals functional changes in how the limb moves, bears load, and distributes force, indicating real-world impact of the adjustment. Assessing pain tells you whether the patient is more comfortable or if new discomfort has emerged, guiding safety and next steps. By comparing these findings to the initial measurements, you can quantify progress and decide on future treatment needs. Focusing only on weight-bearing status misses how ROM, stability, and pain may have changed; skipping a physical exam leaves you without crucial feedback on function and tissue response; and evaluating appetite has no relevance to the extremity adjustment.

8. Nodding occurs on the down with which limb lameness?

A. Hind limb lameness

B. Front limb lameness

C. Bilateral lameness

D. No lameness

When a limb is painful, the animal adjusts weight and head position to unload that limb during its weight-bearing phase. For forelimb (front limb) lameness, the head shows a noticeable nod as the lame limb makes contact with the ground in the stance (down) phase. This nodding reflects the effort to transfer weight away from the painful forelimb and to balance through the rest of the body. In contrast, hind limb lameness tends to alter pelvic and hind-end movement rather than producing the characteristic head nod during the forelimb's stance, bilateral lameness reduces asymmetry, and no lameness shows a normal, symmetric head motion.

9. During stride length, the hind hoof typically reaches up into which feature of the front hoof?

A. heel bulb

B. hoof wall

C. front hoof print

D. frog

The pattern being tested is where the hind hoof lands in relation to the front hoof during stride length. The hind hoof typically lands in the front hoof print—the imprint left on the ground by the front hoof's contact. This means the hind hoof steps into the same ground area formed by the forehoof, which helps align the limb sequence, maintain balance, and promote a smooth, efficient forward motion. The other hoof parts—heel bulb, hoof wall, and frog—are structural features of the hoof itself and do not describe the landing zone created on the ground by the front hoof. So landing in the front hoof print is the expected pattern.

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10. An injury that can be caused as the nerve crosses the cranial border of the scapula and leads to atrophy of the supraspinatus and infraspinatus is which nerve?

A. Radial nerve

B. Medial/ulnar nerve

C. Suprascapular nerve

D. Tibial nerve

Suprascapular nerve. This nerve travels across the cranial border of the scapula at the suprascapular notch and supplies both the supraspinatus and infraspinatus muscles. When it is injured at that location, motor input to both muscles is lost, leading to atrophy. The supraspinatus initiates the first part of shoulder abduction and the infraspinatus enables external rotation, so damage here produces weakness and wasting in those movements. The other nerves listed do not innervate these two rotator cuff muscles, so they wouldn't cause this specific pattern of atrophy.

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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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