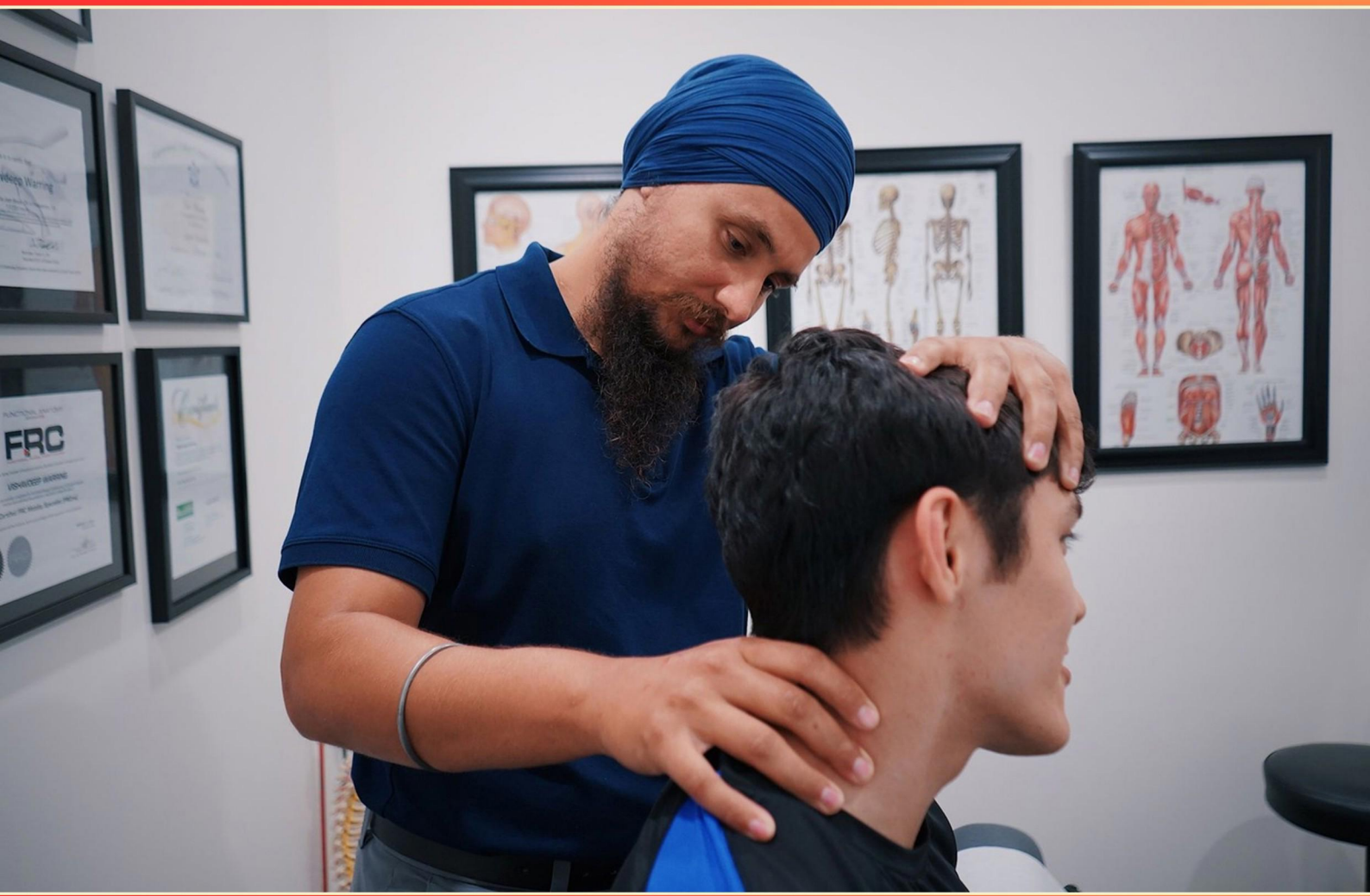
CERVICAL-THORACIC PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://cervicalthoracic.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. Which landmark is designated as the SCP for Occiput Cervical Chair Gonstead?

A. Glabella of frontal bone

B. External auditory meatus

C. Nasion

D. Zygomatic arch

2. For Atlas CC, what is the SCP (Site of Contact Point)?

A. Superior aspect of atlas lateral mass

B. Posterior arch of atlas

C. Lateral aspect of Atlas TP

D. Anterior arch of atlas

3. Where is the patient positioned for the PP of DTH?

A. Prone on a knee chest or hylo table

B. Supine

C. Lateral decubitus

D. Seated

4. In the SeD Atlas protocol with an A ending, which hand placement corresponds to CH?

A. Hand on opposite side of listing

B. Hand on side of listing

C. Hands on hips

D. Hand on the shoulder of the patient

5. What is the TP (transverse process) component for CC C2-T2 Simple Listings?

A. I-S, R-L or L-R

B. Posterior inferior aspect of the spinous process

C. Tip of the index finger

D. Cervical chair. Feet extended onto heels and hands in lap with palms up

SAMPLE

6. For the SCP component of Complex/Rotary SHC, what is the contact point and its relation to spinous laterality?

A. TP on the side of spinal convexity, opposite of spinous laterality

B. Spinous lateralization

C. TP on the side of spinal concavity

D. MCP on the side of spinal convexity

7. In SeD Atlas (P ending), what is the SCP?

A. Supramastoid groove

B. Posterior of posterior rotated Atlas Transverse

C. P-A

D. Primarily P-A and S-I with some R-L or L-R

8. Which line is used with the Odontoid Perpendicular Line to differentiate AS atlas listing from AI atlas listing?

A. Atlas Plane Line

B. Odontoid Line

C. Foramen Magnum Line

D. Base Lines

9. Which description corresponds to PP of Rotary/Complex DTv?

A. Prone using Hylo (abdominal section released)

B. Straight away on side of body rotation

C. Superior hand

D. Hamate of superior hand

10. Which statement about disc herniation and radicular pain is true?

A. It is not related to nerve roots

B. It is due to nerve-root inflammation often from disc herniation

C. It arises only from facet joint disease

D. It is purely muscular in origin

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which landmark is designated as the SCP for Occiput Cervical Chair Gonstead?

A. Glabella of frontal bone

B. External auditory meatus

C. Nasion

D. Zygomatic arch

The SCP in the Occiput Cervical chair is chosen for a stable, midline contact point that allows precise delivery of the upper cervical adjustment. The glabella—the smooth indentation on the forehead between the brows—is right on the sagittal midline and is easy to palpate and maintain contact with, even with hair or soft tissue. This central location helps the chiropractor direct a focused thrust toward the occipito–atlantal area while keeping the head aligned and protecting surrounding structures like the eyes and teeth. The other landmarks aren't as suitable: the external auditory meatus is off to the side near the ear, increasing the chance of an off-center contact; the nasion sits higher and between the eyes but isn't as reliable for a stable midline anchor; the zygomatic arch is lateral and would place the contact away from the midline, reducing control and accuracy.

2. For Atlas CC, what is the SCP (Site of Contact Point)?

A. Superior aspect of atlas lateral mass

B. Posterior arch of atlas

C. Lateral aspect of Atlas TP

D. Anterior arch of atlas

In Atlas CC, the Site of Contact Point is where you place the contact to deliver the adjustment, chosen for safe, effective leverage on the atlas. The lateral aspect of the atlas transverse process provides a sturdy, accessible contact on the side of the C1 ring, allowing a controlled thrust that directs the correction through the atlas without compromising the spinal canal or arteries. This location gives the right leverage and vector to influence the atlas in relation to the occiput and dens, producing the desired adjustment. The posterior arch, anterior arch, or a superior aspect of the lateral mass are less ideal due to safety concerns or insufficient leverage and direction for the intended correction.

3. Where is the patient positioned for the PP of DTH?

A. Prone on a knee chest or hylo table

B. Supine

C. Lateral decubitus

D. Seated

Access to the back and dorsal structures is best achieved with the patient in a prone position. For the posterior approach used in the PP of DTH, being prone on a knee-chest or HyLo table optimizes exposure of the posterior midline while allowing the abdomen to fall away from the surgical field. This positioning also stabilizes the patient and lets the surgeon work with better visualization and alignment of the target area. Cushions and supports protect bony prominences and maintain airway safety and comfort. If the patient were supine or seated, the posterior structures would be obscured or difficult to access; lateral decubitus would limit exposure to one side and hinder a symmetric posterior approach.

SAMPLE

4. In the SeD Atlas protocol with an A ending, which hand placement corresponds to CH?

A. Hand on opposite side of listing

B. Hand on side of listing

C. Hands on hips

D. Hand on the shoulder of the patient

In the SeD Atlas protocol with an A ending, the contact hand (the hand used for the initial contact) should be placed on the side of the listing. This positions the contact in line with the direction of the listed deviation, allowing the practitioner to engage the atlas along the intended vector and maintain proper alignment throughout the procedure. Placing the hand on the opposite side would work against the listing, altering the contact vector and potentially compromising accuracy. The other options don't provide the correct orientation for the CH contact in this specific ending, so they don't fit the required setup.

5. What is the TP (transverse process) component for CC C2-T2 Simple Listings?

A. I-S, R-L or L-R

B. Posterior inferior aspect of the spinous process

C. Tip of the index finger

D. Cervical chair. Feet extended onto heels and hands in lap with palms up

The TP component in CC C2-T2 Simple Listings describes how the thrust is directed from the transverse process. For this region, the adjustment uses the transverse process as the contact point, with the force traveling in an inferior-to-superior direction (I-S) and including a side-to-side component either right-to-left or left-to-right (R-L or L-R). In other words, the TP component combines a vertical (I-S) vector with a transverse plane direction to address the vertebra's rotation or tilt. The other options describe the spinous process location, a fingertip contact, or the patient position rather than how the thrust is oriented at the transverse process, so they don't represent the TP component.

6. For the SCP component of Complex/Rotary SHC, what is the contact point and its relation to spinous laterality?

A. TP on the side of spinal convexity, opposite of spinous laterality

B. Spinous lateralization

C. TP on the side of spinal concavity

D. MCP on the side of spinal convexity

In this component, the contact point is the transverse process on the side of the spinal convexity, opposite the side where the spinous processes tilt (spinous laterality). When the spine curves to one side, the spinous processes tend to tilt toward the opposite (concave) side. Placing the contact on the convex side's transverse process uses a lever that engages the vertebral body rotation and helps guide the segment back toward midline. Using the spinous process itself or placing the contact on the concave side would not align with the intended corrective vector, and the MCP landmark isn't the correct contact point for this approach. So the transverse process on the convex side, opposite spinous laterality, is the correct choice.

SAMPLE

7. In SeD Atlas (P ending), what is the SCP?

A. Supramastoid groove

B. Posterior of posterior rotated Atlas Transverse

C. P-A

D. Primarily P-A and S-I with some R-L or L-R

The key idea here is the exact contact point used in the SeD Atlas technique when applying a P-ending adjustment. The SCP is the posterior aspect of the posteriorly rotated atlas transverse process. This location is chosen because it provides a stable, bony surface for the contact and aligns with the posterior-oriented approach of this variant, allowing the thrust to influence the atlas rotation effectively without compromising surrounding structures. The supramastoid groove isn't the target landmark for this maneuver, and listing a direction (P-A or a mix of directions) describes the movement vector rather than the contact site.

8. Which line is used with the Odontoid Perpendicular Line to differentiate AS atlas listing from AI atlas listing?

A. Atlas Plane Line

B. Odontoid Line

C. Foramen Magnum Line

D. Base Lines

Determining atlas misalignment relative to the odontoid reference uses a two-line method: the Odontoid Perpendicular Line and the Atlas Plane Line. The Odontoid Perpendicular Line gives you a fixed vertical reference through the odontoid, while the Atlas Plane Line provides a reference plane corresponding to the atlas itself. By comparing how these two lines relate, you can tell whether the atlas is listed AS (anterior superior) or AI (anterior inferior). The Atlas Plane Line is the specific line paired with the odontoid perpendicular for this differentiation because it represents the orientation of the atlas itself, allowing you to assess the tilt relative to the dens. The other lines don't provide the necessary atlas orientation reference for this distinction. The Odontoid Line follows the dens but doesn't establish the atlas's plane; the Foramen Magnum Line and Base Lines are used for other aspects of craniovertebral assessment and don't specifically differentiate AS from AI when used with the odontoid reference.

9. Which description corresponds to PP of Rotary/Complex DTv?

A. Prone using Hylo (abdominal section released)

B. Straight away on side of body rotation

C. Superior hand

D. Hamate of superior hand

In Rotary/Complex DTv, the key is where you place the primary contact to drive the rotation. The best description is using the superior hand as the main point of contact. This hand, positioned on the upper aspect of the contact surface, provides the most effective angle and control for rotating the targeted segment while the other hand stabilizes or guides. It allows a clean rotary vector and precise alignment with the vertebral level being treated. The other descriptions don't fit as the primary contact for this technique. They either refer to an unrelated setup (prone with abdominal release), a vague direction of rotation without specifying the contact point, or a specific carpal bone contact (hamate) that isn't the standard primary contact for this maneuver.

SAMPLE

10. Which statement about disc herniation and radicular pain is true?

A. It is not related to nerve roots

B. It is due to nerve-root inflammation often from disc herniation

C. It arises only from facet joint disease

D. It is purely muscular in origin

Radicular pain from disc herniation comes from irritation of the nerve roots. When a disc herniates, disc material can press on the adjacent nerve root and release inflammatory mediators. That combination—mechanical irritation plus chemical irritation—lowers the nerve root's threshold and produces shooting, dermatomal pain that can travel down the arm or leg. This is why the statement that radicular pain is due to nerve-root inflammation often from disc herniation is the best answer: it captures both the mechanical and inflammatory aspects that drive this type of pain. In contrast, pain that isn't related to nerve roots tends to be local to the spine or referred but not following a distinct nerve distribution, and facet joint disease typically causes axial or referred pain without true radicular distribution. Purely muscular pain would not produce a dermatomal pattern tied to a nerve root.

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://cervicalthoracic.examzify.com

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

SAMPLE