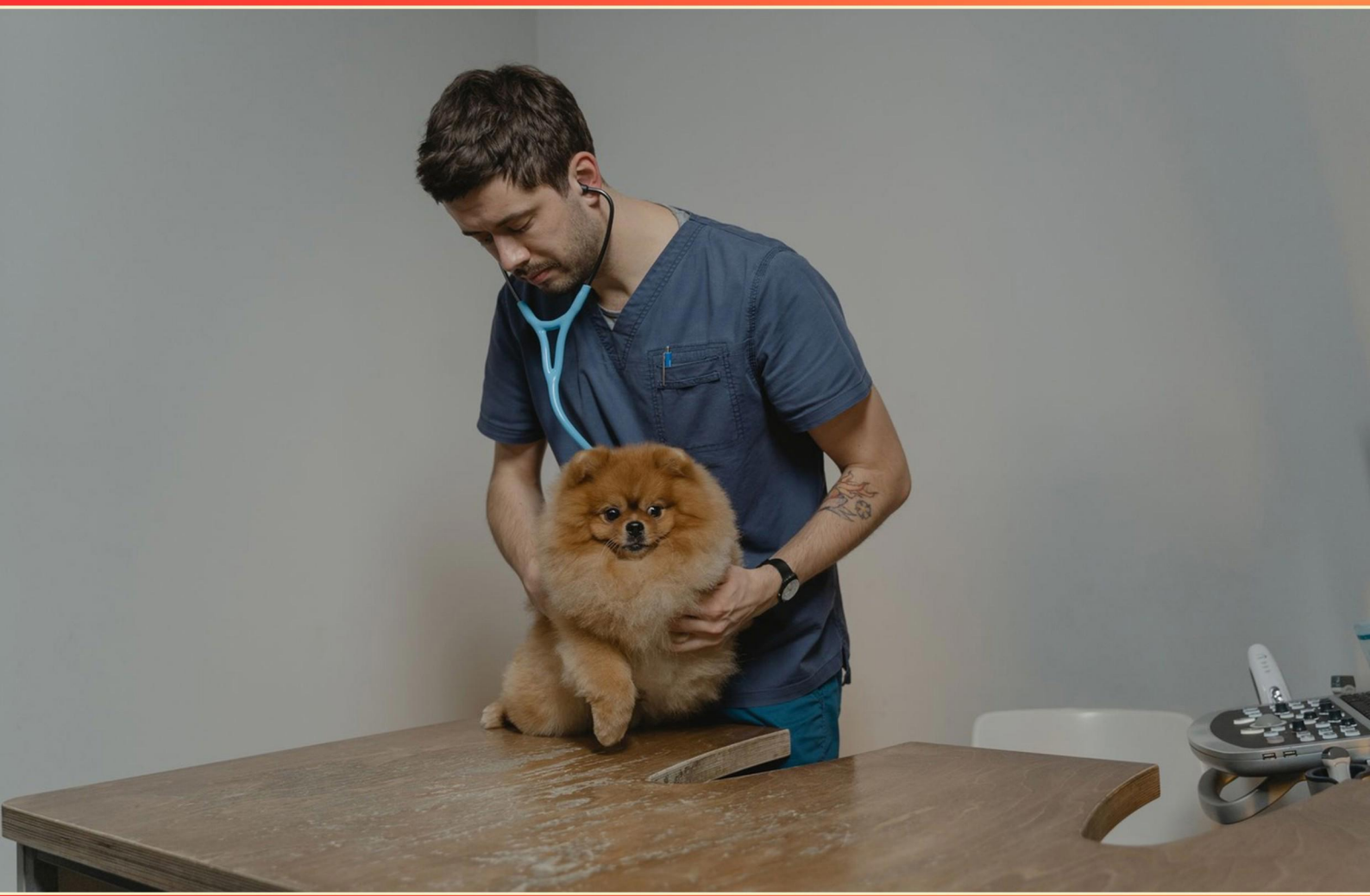
CMTBC REGISTRATION PRACTICE EXAM (SAMPLE)

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. What are the four chambers of the heart?

A. Right atrium, right ventricle, left atrium, left ventricle

B. Right atrium, left atrium, left ventricle, pulmonary veins

C. Right ventricle, left ventricle, aorta, vena cava

D. Left atrium, left ventricle, pulmonary arteries, right atrium

2. Is it true that the diaphragm can refer pain into the shoulder?

A. True

B. False

C. Only in specific cases

D. Uncertain

3. What are the layers of skin in order from deep to superficial?

A. Corneum, lucidum, granulosum, spinosum, basal

B. Basal, spinosum, granulosum, lucidum, corneum

C. Granulosum, spinosum, basal, corneum, lucidum

D. Lucidum, granulosum, spinosum, corneum, basal

4. What hand deformity is characterized by MCP hyper-extension and PIP flexion?

A. Claw Fingers

B. Ape Hand

C. Bishop's Hand

D. Trigger Finger

5. Which condition is Ulnar Drift commonly associated with?

A. Osteoarthritis

B. Rheumatoid Arthritis

C. Gout

D. Carpal Tunnel Syndrome

6. Which of the following characteristics defines skeletal muscles?

A. Non-striated, involuntary, uninucleated

B. Striated, voluntary, multinucleated

C. Striated, involuntary, uninucleated

D. Non-striated, voluntary, multinucleated

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7. Which fingers are most often affected by Trigger Finger?

A. 1st and 2nd

B. 3rd and 4th

C. 4th and 5th

D. 2nd and 5th

8. How does a patient with weak hip flexors in the pre-swing phase generally compensate?

A. Pelvis tilts laterally

B. Knee extends

C. Foot inverts

D. Hip abducts

9. During the Phalen's Test, the patient's palms should face in which direction?

A. Toward each other

B. Away from each other

C. Facing upwards

D. Facing downwards

10. What is the effect of slow-twitch muscles on athletic performance?

A. Enhances explosive strength

B. Facilitates endurance

C. Decreases fitness levels

D. Increases fatigue resistance

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Answers

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

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Explanations

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1. What are the four chambers of the heart?

A. Right atrium, right ventricle, left atrium, left ventricle

B. Right atrium, left atrium, left ventricle, pulmonary veins

C. Right ventricle, left ventricle, aorta, vena cava

D. Left atrium, left ventricle, pulmonary arteries, right atrium

The four chambers of the heart consist of the right atrium, right ventricle, left atrium, and left ventricle. This configuration is crucial to the heart's function, as it allows for the separation of oxygenated and deoxygenated blood and facilitates efficient circulation. The right atrium receives deoxygenated blood from the body through the superior and inferior vena cavae. This blood is then pumped into the right ventricle, which sends it to the lungs via the pulmonary arteries for oxygenation. Once the blood is oxygen-rich, it returns to the left atrium through the pulmonary veins. The left atrium then contracts to push this oxygenated blood into the left ventricle, which is responsible for pumping it out to the rest of the body through the aorta. Understanding this arrangement is essential for comprehending how blood circulates through the body, highlighting the heart's role in maintaining systemic and pulmonary circulation efficiently. Each chamber plays a distinct role in the overall process, and their proper functioning is critical for sustaining life.

2. Is it true that the diaphragm can refer pain into the shoulder?

A. True

B. False

C. Only in specific cases

D. Uncertain

The diaphragm can indeed refer pain into the shoulder, which is primarily due to its embryological development and its innervation. The diaphragm is innervated by the phrenic nerve, which originates from the cervical spinal roots, specifically C3 to C5. These cervical roots also supply sensation to the shoulder area. When there is irritation or injury to the diaphragm, such as with diaphragmatic irritation, referred pain may manifest in the shoulder region. This type of referred pain is a well-documented phenomenon due to shared neural pathways in its innervation. The brain can misinterpret the source of pain, resulting in the sensation being felt in areas that are not directly affected. Therefore, the ability of the diaphragm to refer pain to the shoulder aligns with anatomical and physiological principles observed in clinical practice. Thus, stating that it is true that the diaphragm can refer pain into the shoulder is accurate.

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3. What are the layers of skin in order from deep to superficial?

A. Corneum, lucidum, granulosum, spinosum, basal

B. Basal, spinosum, granulosum, lucidum, corneum

C. Granulosum, spinosum, basal, corneum, lucidum

D. Lucidum, granulosum, spinosum, corneum, basal

The order of the layers of skin from deep to superficial is accurately represented in the chosen answer: basal, spinosum, granulosum, lucidum, and corneum. This arrangement reflects the structure of the epidermis, which consists of several strata. The basal layer, also known as the stratum basale, is the deepest layer and is responsible for the generation of new skin cells through cell division. Above it lies the spinosum layer, which provides strength and flexibility due to its spiny appearance and interconnected keratinocytes. Next is the granulosum layer, where keratinization begins; the cells here start to die and lose their nuclei while also becoming filled with keratohyalin granules, essential for forming the protective barrier of the skin. The lucidum layer is found only in thick skin areas, such as the palms of the hands and soles of the feet, providing an additional barrier in regions subjected to friction. Finally, the corneum layer, which is the outermost layer, consists of dead, flattened keratinized cells that serve as a protective layer against environmental threats. This organization is critical for understanding skin physiology and the protective roles of each layer. By grasping the correct order, it

4. What hand deformity is characterized by MCP hyper-extension and PIP flexion?

A. Claw Fingers

B. Ape Hand

C. Bishop's Hand

D. Trigger Finger

The hand deformity characterized by metacarpophalangeal (MCP) hyper-extension and proximal interphalangeal (PIP) flexion is known as claw fingers. This condition often occurs due to nerve damage, particularly to the ulnar nerve, resulting in an imbalance between the muscles that flex and extend the fingers. In claw fingers, the excessive extension at the MCP joint is typically caused by weakness in the intrinsic muscles of the hand, which are responsible for flexing these joints. As a result, the lumbrical and interosseous muscles cannot properly balance the action of the extrinsic flexor muscles, leading to the distinctive posture where the fingers curl into a claw-like position. This deformity can affect one or more of the fingers and can cause functional difficulties as well as aesthetic concerns. Ape hand, bishop's hand, and trigger finger present with different characteristics and involve various combinations of muscle imbalances and dysfunctions, making them distinct from claw fingers. Understanding these nuances is essential for recognizing and diagnosing hand deformities effectively.

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5. Which condition is Ulnar Drift commonly associated with?

A. Osteoarthritis

B. Rheumatoid Arthritis

C. Gout

D. Carpal Tunnel Syndrome

Ulnar Drift is a condition characterized by the lateral deviation of the fingers towards the ulnar side of the hand at the metacarpophalangeal joints. This condition is most commonly associated with Rheumatoid Arthritis, an autoimmune disorder that primarily affects the joints. In Rheumatoid Arthritis, chronic inflammation leads to damage of the joint structures and surrounding soft tissues. This inflammation can result in deformities such as ulnar drift as the ligamentous structures and tendons become lax or distorted due to the impact of the inflammatory process. In the case of Rheumatoid Arthritis, the ulnar drift often presents alongside other symptoms such as swelling, pain, and limited range of motion in the affected joints. The deterioration of the joint integrity can lead to an imbalance between the muscles and tendons, causing the fingers to gradually drift towards the ulnar side. The other conditions listed are not typically associated with ulnar drift. Osteoarthritis involves degeneration of the cartilage, which can lead to bone spurs but does not usually cause the ulnar drift seen in rheumatoid arthritis. Gout primarily affects the big toe and can cause sudden, severe pain due to crystal deposition but does not lead to the characteristic drift. Carpal Tunnel Syndrome involves compression

6. Which of the following characteristics defines skeletal muscles?

A. Non-striated, involuntary, uninucleated

B. Striated, voluntary, multinucleated

C. Striated, involuntary, uninucleated

D. Non-striated, voluntary, multinucleated

Skeletal muscles are uniquely defined by several key characteristics that differentiate them from other types of muscle tissue. They are striated, meaning they have a banded appearance due to the arrangement of actin and myosin filaments. This striation is a direct result of the organized structure of the muscle fibers, which allows for efficient contraction. Additionally, skeletal muscles are voluntary muscles, meaning they can be consciously controlled by the nervous system. This voluntary control is important for activities such as walking, lifting, and other movements that require deliberate effort. Skeletal muscle fibers are also multinucleated, which is a result of their development. During embryogenesis, myoblasts (muscle precursor cells) fuse to form long, tubular fibers that contain multiple nuclei along their lengths. This multinucleation supports the high metabolic demand and allows for efficient muscle function. In summary, the defining characteristics of skeletal muscles being striated, voluntary, and multinucleated are essential for their function and reflect the unique nature of this tissue type in the human body.

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7. Which fingers are most often affected by Trigger Finger?

A. 1st and 2nd

B. 3rd and 4th

C. 4th and 5th

D. 2nd and 5th

Trigger Finger, also known as stenosing tenosynovitis, is a condition that affects the tendons in the fingers, causing pain and a locking or catching sensation when extending or flexing the fingers. The condition is most commonly seen in the 3rd (middle) and 4th (ring) fingers. The reason why the 3rd and 4th fingers are most often affected is related to the anatomical structures and mechanics of the hands. The tendons that flex these fingers pass through a series of pulleys in the hand. The 3rd and 4th fingers are subject to more strain from activities that involve gripping and holding, which makes them more susceptible to inflammation and irritation. Also, their positioning and usage in daily tasks make them more vulnerable to the condition. While other fingers can also be affected by Trigger Finger, the prevalence in the 3rd and 4th fingers is significantly higher, aligning with clinical observations. Understanding the mechanics of finger motion and the implications of repetitive stress can help identify and manage the risk factors associated with Trigger Finger effectively.

8. How does a patient with weak hip flexors in the pre-swing phase generally compensate?

A. Pelvis tilts laterally

B. Knee extends

C. Foot inverts

D. Hip abducts

When a patient has weak hip flexors during the pre-swing phase of walking, they typically compensate by tilting the pelvis laterally. This lateral tilt helps to create assistance in bringing the leg forward during the swing phase, as weak hip flexors may struggle to lift the leg adequately. The lateral pelvic tilt changes the mechanics of the gait cycle, allowing the patient to move the leg more efficiently despite the weakness. In this situation, the compensation is primarily focused on maintaining forward propulsion and balance. This adjustment alters the center of gravity and can help facilitate movement without requiring as much strength from the hip flexors. Understanding such compensatory strategies is important in rehabilitation and physical therapy, as it can guide interventions to strengthen the hip flexors while also addressing the compensatory movements that may arise.

9. During the Phalen's Test, the patient's palms should face in which direction?

A. Toward each other

B. Away from each other

C. Facing upwards

D. Facing downwards

In the Phalen's Test, the correct position for the patient's palms is with their palms facing away from each other. This is important because the test aims to elicit symptoms of carpal tunnel syndrome by placing the wrist in a position that increases pressure on the median nerve. When the palms are turned away from each other, the wrists are flexed, which can provoke tingling or discomfort in individuals with median nerve compression. The specific positioning helps in assessing the integrity of the median nerve as it travels through the carpal tunnel. This position mimics actions that can reproduce symptoms in someone who may have underlying issues with the nerve, thus providing a clear indication of possible carpal tunnel syndrome.

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10. What is the effect of slow-twitch muscles on athletic performance?

A. Enhances explosive strength

B. Facilitates endurance

C. Decreases fitness levels

D. Increases fatigue resistance

Slow-twitch muscles, also known as Type I fibers, play a crucial role in facilitating endurance during athletic performance. These muscle fibers are designed for sustained activity and are more efficient at using oxygen to generate energy. This makes them particularly effective for prolonged, low to moderate intensity activities, such as distance running, cycling, and swimming. When slow-twitch fibers contract, they do so with lower force but for much longer durations without fatigue. This endurance characteristic allows athletes to perform for extended periods, making it essential for endurance events where stamina is vital. The presence and training of slow-twitch muscles enable athletes to maintain their performance over longer distances or times, as they can efficiently utilize oxygen and metabolize fat as a fuel source. In contrast, the other options do not accurately reflect the primary contribution of slow-twitch muscles. They are not geared toward enhancing explosive strength or increasing fitness levels in terms of overall strength; rather, their primary function is endurance. Similarly, while they enhance fatigue resistance, which contributes to endurance, that is a more specific aspect of their performance capability rather than the primary defining characteristic of their impact on athlete performance overall.

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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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