COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION (COMLEX USA) PRACTICE (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. Which test would most likely yield a positive result for unilateral sacral extension?

A. Seated flexion test

B. Spring test

C. Compression test

D. Visual observation

2. Movement away from the restrictive barrier is performed using which techniques?

A. Dynamic techniques

B. Passive techniques

C. Indirect techniques

D. Direct techniques

3. Which vertebral levels correspond to the cervix?

A. L1-L2

B. T10-L1

C. T12

D. T8-T10

4. Which effect is associated with the parasympathetic nervous system on the stomach and intestines?

A. Decreases motility

B. Increases motility

C. Blocks digestion

D. Stimulates bile production

5. What typically limits the end range of motion (ROM) in passive assessments?

A. Muscle fatigue

B. Bone, ligaments, and tendons

C. Nerve compression

D. Joint inflammation

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6. Chapman reflex for cardiac function can be found at which anatomical landmark?

A. 3rd and 4th anterior intercostal space

B. 2nd intercostal space

C. 5th anterior intercostal space

D. Lateral rib cage

7. What describes the maximum extent an individual can reach in joint motion without considering the restrictive factors?

A. Physiologic barrier

B. Active barrier

C. Mobility limit

D. Dynamic barrier

8. What is the most common mechanism of injury for the ACL?

A. Direct blow to the knee

B. Non-contact, valgus strain on the knee

C. Twisting injury during a fall

D. Repetitive stress from jumping

9. Which description defines a Grade 3 sprain?

A. Stretching of the muscle

B. Partial tear of the ligament

C. Complete tear of the ligament

D. Mild swelling without tearing

10. Which dermatome is responsible for sensation in the lateral lower leg?

A. Dermatome S1

B. Dermatome L4

C. Dermatome T12

D. Dermatome L2

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Answers

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

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Explanations

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1. Which test would most likely yield a positive result for unilateral sacral extension?

A. Seated flexion test

B. Spring test

C. Compression test

D. Visual observation

A positive result for unilateral sacral extension is typically assessed using specific tests that evaluate the motion and alignment of the sacrum. The spring test, in particular, is designed to assess the responsiveness of the sacrum to anterior-posterior pressure. When performing this test, if the sacrum is in an extended position, there will be decreased resistance to the force applied, resulting in a positive spring test. This occurs because the sacrum's position reduces its ability to spring back when pressure is applied. In contrast, other tests such as the seated flexion test focus on assessing asymmetries in the ilium and sacroiliac joint mechanics, while the compression test evaluates the stability of the sacroiliac joint. Visual observation provides only a qualitative assessment and may not reveal specific mechanical dysfunctions such as unilateral sacral extension. Therefore, the spring test is the most reliable method for identifying unilateral sacral extension among the options provided.

2. Movement away from the restrictive barrier is performed using which techniques?

A. Dynamic techniques

B. Passive techniques

C. Indirect techniques

D. Direct techniques

Movement away from the restrictive barrier is best characterized by indirect techniques. In osteopathic manipulative treatment, indirect techniques involve positioning the body in a way that moves the segments or tissues away from their restrictive barrier, aiming to enhance the body's intrinsic ability to heal. Indirect techniques can include methods such as facilitated positional release or counterstrain, where the physician identifies a restrictive somatic dysfunction and positions the patient in such a way as to alleviate that dysfunction. By moving away from the barrier, these techniques allow the muscles and joints to relax, which can lead to a decrease in muscle tension and pain. While options like dynamic and direct techniques involve movements towards the barrier or actively engaging the restricted area, and passive techniques may involve passive movements without resistance, it is the indirect approach that specifically focuses on relieving restriction by moving away from it.

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3. Which vertebral levels correspond to the cervix?

A. L1-L2

B. T10-L1

C. T12

D. T8-T10

The cervix, a part of the female reproductive system, corresponds to the vertebral levels of L1-L2. This location is significant because the cervix is innervated by the nerves that arise from these lumbar levels. Understanding the anatomical correlation between the cervix and these vertebral segments is important in clinical practice, especially in procedures involving the cervix or during the management of conditions affecting the pelvis. While the other options refer to different vertebral levels, they do not correspond to the cervix. For instance, T8-T10 and T10-L1 encompass regions higher up in the thoracic and upper lumbar spine, which are associated more with the thoracic organs rather than the cervix. T12 is also positioned higher than the lumbar region contributing to the innervation of the cervix. Thus, recognizing the precise vertebral levels related to the cervix is crucial for medical professionals when considering surgical planning or understanding pain pathways and referred pain associated with cervical pathology.

4. Which effect is associated with the parasympathetic nervous system on the stomach and intestines?

A. Decreases motility

B. Increases motility

C. Blocks digestion

D. Stimulates bile production

The parasympathetic nervous system primarily promotes digestive processes, which includes increasing motility in the stomach and intestines. When the parasympathetic system is activated, typically during rest and digest states, it enhances peristalsis—the wave-like contractions that move food through the gastrointestinal tract. This increased motility aids in the mixing of food with digestive enzymes and facilitates the absorption of nutrients. In addition to enhancing muscle contractions in the digestive tract, the parasympathetic system also stimulates the secretion of digestive juices and enzymes, further promoting digestion. This effect is a contrast to the sympathetic nervous system, which tends to inhibit digestive activity by reducing motility in response to stress or danger, thereby prioritizing blood flow to skeletal muscles over the digestive organs.

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5. What typically limits the end range of motion (ROM) in passive assessments?

A. Muscle fatigue

B. Bone, ligaments, and tendons

C. Nerve compression

D. Joint inflammation

The end range of motion in passive assessments is primarily limited by bone, ligaments, and tendons. These structures physically restrict movement and provide stability to joints, which is crucial for maintaining the integrity of the musculoskeletal system. When assessing passive range of motion, healthcare providers evaluate how far a joint can move without muscular effort. Bone structures create anatomical limits to movement, while ligaments connect bones to one another and help prevent excessive motion that could lead to joint injuries. Tendons, which connect muscles to bones, also contribute to this limit by controlling the movement transfer between the two anatomical structures. Other factors, like muscle fatigue, nerve compression, and joint inflammation, can influence the overall range of motion but do not define the mechanical limits of passive assessment in the same way that the structural components—bones, ligaments, and tendons—do. For instance, muscle fatigue may impact active movement but typically does not affect passive assessments. Nerve compression might alter sensation or innervation of muscles, which can affect active motion performance. Joint inflammation can cause pain and swelling, which may restrict movement but does not inherently alter the fundamental limits imposed by the bones, ligaments, and tendons. Thus, the structural elements play a pivotal role in passively

6. Chapman reflex for cardiac function can be found at which anatomical landmark?

A. 3rd and 4th anterior intercostal space

B. 2nd intercostal space

C. 5th anterior intercostal space

D. Lateral rib cage

The Chapman reflex points are specific areas on the body that correspond to the dysfunction or pathology of different organs and systems. For cardiac function, the relevant Chapman reflex points are located at the 3rd and 4th anterior intercostal spaces. This anatomical landmark is significant as it relates to the anatomical positioning of organs and structures in the thoracic cavity. The heart is situated within the mediastinum, and the 3rd and 4th intercostal spaces are in close proximity to the location of the heart, making them the appropriate areas to assess for cardiac issues through palpation of these reflex points. These points can indicate visceral pathology and are used in osteopathic diagnosis and treatment. The other options present anatomical locations that do not correlate with the Chapman reflex points for cardiac function. For example, the 2nd intercostal space is more associated with the lungs, while the 5th anterior intercostal space is tied to the function of the liver or diaphragm. The lateral rib cage has a more general significance and does not specifically indicate the cardiac function as closely as the 3rd and 4th intercostal spaces do. Understanding the Chapman reflex helps enhance the clinical assessment of various organ systems, especially in osteopathic practice

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7. What describes the maximum extent an individual can reach in joint motion without considering the restrictive factors?

A. Physiologic barrier

B. Active barrier

C. Mobility limit

D. Dynamic barrier

The term that describes the maximum extent an individual can reach in joint motion, without considering any restrictive factors, is known as the physiologic barrier. The physiologic barrier defines the limit of joint movement that can be achieved through voluntary muscle contractions. It represents the range in which an individual can actively and comfortably move a joint without hitting any restrictions, such as ligaments or joint capsules, that would impede further motion. In contrast, other barriers, such as the active barrier, often refer to limitations experienced during active motion, where the individual uses their muscle strength. Mobility limit typically describes the overall range of motion that a joint can achieve, which may include factors of pain or discomfort, while the dynamic barrier refers to limitations during functional movement, influenced by muscle control and stability. Understanding these distinctions is important for accurately assessing joint mobility during examinations and clinical practice.

8. What is the most common mechanism of injury for the ACL?

A. Direct blow to the knee

B. Non-contact, valgus strain on the knee

C. Twisting injury during a fall

D. Repetitive stress from jumping

The anterior cruciate ligament (ACL) is most commonly injured from a non-contact mechanism, particularly through a valgus strain. This usually occurs when an athlete is changing direction rapidly or landing from a jump, where the knee experiences a combination of valgus stress (a force that moves the knee inward) and rotation. This mechanism not only places tension on the ACL but can also cause it to stretch beyond its normal range, leading to a tear. While direct blows to the knee and twisting injuries can certainly result in ACL injuries, they are less common compared to the non-contact mechanisms. Repetitive stress from jumping could contribute to other knee injuries, but it is not typically associated with acute ACL injuries. The prevalence of non-contact, valgus strains highlights the importance of preventive training and conditioning in athletes who engage in sports that require frequent changes in direction or jumping.

9. Which description defines a Grade 3 sprain?

A. Stretching of the muscle

B. Partial tear of the ligament

C. Complete tear of the ligament

D. Mild swelling without tearing

A Grade 3 sprain is characterized by a complete tear of the ligament, leading to significant instability in the affected joint. This level of sprain typically results in an inability to bear weight or use the joint and often presents with severe pain, swelling, and bruising. The complete rupture means that the fibers of the ligament are severed, compromising the structural support it provides to the joint. This is in contrast to lower-grade sprains, where ligaments may be overstretched or partially torn but maintain some degree of integrity, thus allowing for some stability in the joint. Understanding the distinctions among the grades of sprains is crucial for appropriate diagnosis and treatment planning in clinical practice.

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10. Which dermatome is responsible for sensation in the lateral lower leg?

A. Dermatome S1

B. Dermatome L4

C. Dermatome T12

D. Dermatome L2

The correct response indicates that the S1 dermatome is associated with sensation in the lateral lower leg. This is essential to understand, as dermatomes are areas of skin that are mainly supplied by a single spinal nerve root. Specifically, the S1 nerve root contributes to the lateral aspect of the lower leg and the heel. It innervates structures in the lower leg, particularly involving the sural nerve, which provides sensation to the lateral side of the lower leg and foot. This dermatome is critical when considering conditions like sciatica or other nerve root compromises, where patients may report sensory loss or altered sensation in this region. Examining the incorrect options, the L4 dermatome primarily covers the medial aspect of the lower leg and the foot. T12 is more related to the abdominal region and does not reach the lower limbs, while L2 primarily affects the upper thigh region. Hence, their corresponding sensory distributions do not include the lateral lower leg. Understanding these details helps clarify why S1 is the correct answer for this question regarding sensory innervation in the lateral lower leg.

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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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