MUSCULOSKELETAL (MSK) KNEE PRACTICE TEST (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. KOOS-PF is the outcome measure best suited for patellofemoral pain. Which option reflects this statement?

A. KOOS-PF

B. KOOS

C. WOMAC

D. IKDC

2. What is the mean distance of the single leg triple hop for distance?

A. 620-625 cm

B. 650-660 cm

C. 670-673 cm

D. 680-690 cm

3. A 20-year-old soccer player presents with posterior sag of the tibia after landing on a bent knee. Which ligament is most likely injured?

A. ACL

B. PCL

C. MCL

D. LCL

4. Which statement best describes a grade 1 ligamentous injury?

A. Stretch of ligament

B. On MRI there will be superficial high signal to the ligament but the ligament itself appears normal

C. Little or no instability

D. Moderate swelling

5. Which is an important component of education for PFPS?

A. Activity modification and load management

B. Avoid hill running

C. Decrease volume

D. Increase frequency

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6. When should NMES to the quadriceps begin after ACL reconstruction?

A. Immediately post-op

B. Two weeks post op

C. After achieving 60% quad strength

D. At 8 weeks

7. Which muscles are active during knee extension?

A. Gastrocnemius; Soleus

B. Rectus Femoris; Vastus Medialis; Vastus Intermedius; Vastus Lateralis; Tensor Fasciae Latae (in 0-30 degrees flex)

C. Biceps Femoris; Semimembranosus; Semitendinosus

D. Popliteus; Plantaris

8. Which statement best defines septic arthritis?

A. Inflammation of a joint caused by bacterial infection

B. Inflammation of a joint due to autoimmune disease

C. Inflammation of a tendon sheath

D. Inflammation of bone due to infection

9. In a closed-chain knee exercise, at what angle is the knee strongest?

A. 135 Degrees of Flexion

B. 0 Degrees of Extension

C. 45 Degrees of Flexion

D. 90 Degrees of Flexion

10. The McMurray test is best for ruling in or ruling out meniscal pathology?

A. Ruling out

B. Ruling in

C. Both

D. Neither

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Answers

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

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Explanations

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1. KOOS-PF is the outcome measure best suited for patellofemoral pain. Which option reflects this statement?

A. KOOS-PF

B. KOOS

C. WOMAC

D. IKDC

For patellofemoral pain, you want an outcome measure that directly reflects how the patellofemoral joint affects pain and function in activities that load the PF joint. KOOS-PF is a version of the Knee Injury and Osteoarthritis Outcome Score tailored to patellofemoral problems, with items and scoring focused on PF-specific pain and functional limitations. This PF-focused instrument captures the kinds of activities that commonly provoke PF symptoms—such as stair climbing, squatting, kneeling, and deep knee bending—and tracks changes in those areas over time. Because of that targeted design, it's more sensitive to the typical PF pain presentation and its impact on daily life and sports than the broader measures. The general KOOS covers knee problems more broadly but isn't tuned to PF-specific issues, so it may miss subtle PF-related changes. WOMAC is oriented toward osteoarthritis and emphasizes OA-related pain and function rather than PF-specific symptoms. IKDC assesses overall knee function but lacks PF-focused items, making it less responsive to PF-specific outcomes. So, KOOS-PF is the best choice because it directly measures the pain and functional impact most relevant to patellofemoral pain.

2. What is the mean distance of the single leg triple hop for distance?

A. 620-625 cm

B. 650-660 cm

C. 670-673 cm

D. 680-690 cm

Single-leg triple hop for distance measures explosive power and control of the lower limb by having you hop forward on one leg three times in a row and land on the same leg. The key is not just how far you go, but maintaining good alignment and a controlled landing. For healthy adults, the typical mean distance on the tested leg is about 6.7 meters, which corresponds to 670–673 cm. This range reflects a balance of strength, technique, and neuromuscular control seen in unimpaired individuals. Distances well below this range may indicate deficits in power or control, while distances noticeably above it would suggest above-average performance or, in some cases, measurement differences due to limb length or technique. So, the mean distance falls in the 670–673 cm range. Remember to use consistent technique and, when evaluating, consider normalizing to leg length or comparing to the contralateral leg for meaningful interpretation.

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3. A 20-year-old soccer player presents with posterior sag of the tibia after landing on a bent knee. Which ligament is most likely injured?

A. ACL

B. PCL

C. MCL

D. LCL

The main idea is that the posterior cruciate ligament resists backward (posterior) movement of the tibia when the knee is flexed. When someone lands on a bent knee and the tibia sags posteriorly, it points to a torn PCL because that ligament normally prevents the tibia from sliding backward relative to the femur. In this scenario, the posterior sag is a classic sign of PCL injury, and tests such as a posterior drawer test would likely be positive. The other ligaments don't fit this picture: the ACL mainly prevents the tibia from moving forward, so injuries there produce anterior instability rather than a posterior sag; the MCL and LCL resist valgus and varus stresses on the knee, causing medial or lateral instability instead of posterior translation.

4. Which statement best describes a grade 1 ligamentous injury?

A. Stretch of ligament

B. On MRI there will be superficial high signal to the ligament but the ligament itself appears normal

C. Little or no instability

D. Moderate swelling

Grade I ligament injury is a mild sprain with minimal damage to the fibers and preserved stability of the joint. The ligament may be stretched or have only microscopic tearing, and there may be edema within the ligament on imaging, but the fibers remain continuous and there is no meaningful laxity on stress testing. That's why "little or no instability" best describes this grade. Moderate swelling suggests a higher-grade injury, and a stretch or micro-tear alone can occur but the key clinical clue is the lack of instability.

5. Which is an important component of education for PFPS?

A. Activity modification and load management

B. Avoid hill running

C. Decrease volume

D. Increase frequency

Education for PFPS is most effective when it centers on how knee loading from daily activities and sports drives pain, and how to modulate that load with a graded plan. This approach lets patients stay active while gradually increasing tolerance and addresses mechanics and strength around the hip and knee to improve patellar tracking. Suggestions like avoiding hill running or simply decreasing volume can be parts of load management, but they're narrower than teaching a structured activity modification and loading strategy. Increasing frequency tends to raise knee load and can worsen symptoms early in rehab. So, the best educational component is activity modification and load management.

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6. When should NMES to the quadriceps begin after ACL reconstruction?

A. Immediately post-op

B. Two weeks post op

C. After achieving 60% quad strength

D. At 8 weeks

Early activation of the quadriceps after ACL reconstruction is key because swelling, pain, and joint changes commonly cause the quadriceps to "shut down" (neural inhibition) and begin to atrophy. NMES provides an external stimulus that recruits motor units and produces a meaningful muscle contraction even when voluntary effort is limited, helping preserve muscle bulk and the neural pathways that enable later strengthening. Starting NMES immediately post-op leverages the period when the muscle is most at risk for rapid loss and sets the stage for smoother progression into resisted exercises and range-of-motion work. It is used with medical clearance and appropriate precautions to avoid stressing the graft. Waiting to start two weeks post-op, waiting for the quad to reach a certain strength level, or delaying until eight weeks misses the opportunity to counteract early muscle inhibition and atrophy, making the subsequent rehabilitation harder and longer.

7. Which muscles are active during knee extension?

A. Gastrocnemius; Soleus

B. Rectus Femoris; Vastus Medialis; Vastus Intermedius; Vastus Lateralis; Tensor Fasciae Latae (in 0-30 degrees flex)

C. Biceps Femoris; Semimembranosus; Semitendinosus

D. Popliteus; Plantaris

Knee extension is produced mainly by the quadriceps group. The rectus femoris, along with the vastus medialis, vastus intermedius, and vastus lateralis, generates the primary extensor moment across the knee, straightening the leg. In addition, during very shallow flexion (0–30 degrees), the tensor fasciae latae can contribute to extension via its action on the iliotibial band, which helps stabilize and assist the knee as it moves toward full extension. Other muscles listed don't extend the knee. The hamstrings (biceps femoris, semimembranosus, semitendinosus) are knee flexors; the gastrocnemius crosses the knee but mainly acts as a plantarflexor of the ankle and can oppose extension depending on position. Popliteus helps unlock the knee, and the plantaris has only a minor, variable role.

8. Which statement best defines septic arthritis?

A. Inflammation of a joint caused by bacterial infection

B. Inflammation of a joint due to autoimmune disease

C. Inflammation of a tendon sheath

D. Inflammation of bone due to infection

Septic arthritis is an infection-driven inflammation of a joint caused by bacteria invading the synovial space. This means the joint itself becomes inflamed because an infection is present inside the joint cavity, rather than due to autoimmune or noninfectious causes. Clinically it often presents as a rapid-onset, hot, painful, swollen joint with limited movement, sometimes with fever. The hallmark is purulent synovial fluid with a high white cell count, usually neutrophils, and a culture or Gram stain that identifies the organism. This clarifies why it's distinct from autoimmune inflammatory arthritis, where inflammation exists without infection and cultures are typically sterile. It also separates it from tenosynovitis, which is inflammation of the tendon sheath around a tendon, not the joint itself, and from osteomyelitis, which is infection of the bone. Because joint infection can quickly damage cartilage and spread systemically, prompt joint aspiration and antibiotic treatment are essential.

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9. In a closed-chain knee exercise, at what angle is the knee strongest?

A. 135 Degrees of Flexion

B. 0 Degrees of Extension

C. 45 Degrees of Flexion

D. 90 Degrees of Flexion

In a closed-chain knee exercise the joint's load-bearing and stability are greatest when the knee is near full extension. This position provides maximum joint stability because the ligaments are taut and the bony surfaces are well congruent, helping resist unwanted tibial movement and allowing force to be transmitted efficiently through the leg. With the foot planted, the leg acts as a stiff lever, so the surrounding muscles can work together to handle higher external loads. At more flexed angles, stability relies more on muscle activation and the joint mechanics change, which reduces the maximal load the knee can safely handle in a closed-chain task. So the knee is strongest when it's nearly straight.

10. The McMurray test is best for ruling in or ruling out meniscal pathology?

A. Ruling out

B. Ruling in

C. Both

D. Neither

The key idea is that some clinical tests are more useful for confirming a diagnosis when they're positive, because they're fairly specific. The McMurray test reproduces the movements that can pinch or tear a meniscus, so a distinct produced pain, snapping, or a click during the maneuver strongly points to a meniscal tear. That makes it particularly good at ruling in meniscal pathology when the result is positive. A negative result, however, doesn't reliably exclude a tear—tears can be missed due to tear location, chronic changes, or how the knee is positioned during the test—so its value for ruling out is limited. In practice, you interpret it alongside other findings and imaging when suspicion remains.

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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:

https://mskknee.examzify.com

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

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