NEUROMUSCULOSKELETAL (NMS) II LECTURE EXAM 2 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 combination of clinical features is most supportive of spinal osteomyelitis?

A. Isolated radicular pain

B. Recent infection, fever, and focal spinal tenderness

C. Rapid improvement with NSAIDs

D. Chronic back pain without fever

2. What helps differentiate between radiculopathy and peripheral nerve disorders?

A. Electrodiagnostic testing

B. MRI

C. Plain X-ray

D. Blood tests

3. Which statement about the relationship between flexion and extension ROM in the lumbar spine is true?

A. Flexion ROM (60-80°) is greater than extension ROM (25-35°).

B. Extension ROM is greater than flexion ROM.

C. Flexion and extension ROM are both 60-80°.

D. Extension ROM is 60-80° and flexion 25-35°.

4. The FAIR test for piriformis syndrome assesses what combination of hip movements?

A. Flexion, Adduction, and Internal rotation

B. Flexion, Abduction, and External rotation

C. Extension, Adduction, and Internal rotation

D. Flexion, Abduction, and Internal rotation

5. Which term describes reproduction of pain by maneuvers designed to stress segmental tissue?

A. Neurodynamic signs

B. Pain provocation signs

C. Muscle palpation signs

D. Visceral signs

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6. If an extruded fragment becomes completely detached, which stage is it?

A. Degeneration

B. Prolapse

C. Sequestration

D. Extrusion

7. Which nerve root is tested by the peroneus longus and peroneus brevis muscles?

A. L5

B. S1

C. S2

D. L4

8. The outer fibrous ring of the intervertebral disc is called what?

A. Annulus fibrosis

B. Nucleus pulposus

C. Endplate

D. Ligamentum flavum

9. Which of the following is NOT a listed stage in the typical progression of a disc herniation?

A. Degeneration

B. Prolapse

C. Extrusion

D. Dysplasia

10. How would a patient with cancer possibly present?

A. Localized mild pain that improves with NSAIDs

B. Pain that radiates down the leg but is relieved by lying down

C. Previous history of CA, no position of relief, fever, constitutional symptoms weight loss, worse at night

D. Pain that is completely localized and improves with NSAIDs

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Answers

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

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Explanations

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1. Which combination of clinical features is most supportive of spinal osteomyelitis?

A. Isolated radicular pain

B. Recent infection, fever, and focal spinal tenderness

C. Rapid improvement with NSAIDs

D. Chronic back pain without fever

Spinal osteomyelitis typically presents with both systemic and local signs of infection. The combination of a recent infection, fever, and focal spinal tenderness points directly to an infectious process affecting the vertebrae or intervertebral discs, because you'd expect bacteremia or seeding to produce fever and a localized inflammatory response that produces tenderness over the involved level. Isolated radicular pain, while it can occur with nerve root irritation or other spine problems, isn't specific for infection. Rapid improvement with NSAIDs would not be expected if an infection were driving the pain, since the underlying infection needs antibiotic treatment and often a longer course of therapy. Chronic back pain without fever lacks the acute inflammatory signals that raise suspicion for osteomyelitis. Together, the presence of recent infection, fever, and focal spinal tenderness aligns best with vertebral infection.

2. What helps differentiate between radiculopathy and peripheral nerve disorders?

A. Electrodiagnostic testing

B. MRI

C. Plain X-ray

D. Blood tests

The key idea is how signals travel and which structures are actually affected. To tell radiculopathy from a peripheral nerve disorder, you need a test that maps nerve function and which muscles are being innervated, not just anatomy. Electrodiagnostic testing, which includes nerve conduction studies and electromyography, provides that functional map. In radiculopathy, the problem is at the nerve root. The peripheral nerves that travel beyond the root can conduct signals relatively normally, so nerve conduction studies may be normal or only mildly abnormal. What tells the story is needle EMG and pattern of involvement: denervation and reinnervation changes appear in muscles supplied by the affected root, and sometimes paraspinal muscles near the spine show abnormal activity. This combination points to a root-level lesion. In a peripheral nerve disorder, the pathology is within the nerve after it has branched from the root. Nerve conduction studies show objective abnormalities in the affected nerve's pathways—slowed conduction velocity, reduced amplitudes, and abnormal sensory potentials in the nerve's distribution. EMG changes are confined to muscles innervated by that specific nerve and do not demonstrate the root-level paraspinal findings seen with radiculopathy. So, electrodiagnostic testing directly reveals whether the dysfunction localizes to a nerve root or to a distal peripheral nerve, making it the most informative method for distinguishing radiculopathy from peripheral nerve disorders. Imaging like MRI can show compression but doesn't by itself confirm the functional localization, and blood tests aren't used for this differentiation.

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3. Which statement about the relationship between flexion and extension ROM in the lumbar spine is true?

A. Flexion ROM (60-80°) is greater than extension ROM (25-35°).

B. Extension ROM is greater than flexion ROM.

C. Flexion and extension ROM are both 60-80°.

D. Extension ROM is 60-80° and flexion 25-35°.

Flexion ROM is greater than extension ROM in the lumbar spine. Typically, flexion allows about 60–80 degrees, while extension is roughly 25–35 degrees. This pattern comes from how the lumbar facet joints and surrounding ligaments limit movement: extension brings joint surfaces together and the spinous processes can contact each other, quickly capping how far you can bend backward. In flexion, the posterior elements stretch and spaces between vertebrae open, permitting a larger range before the end feels reached. So the statement describing flexion as the larger range reflects the actual biomechanics. The other options either swap the amounts or claim the ranges are equal, which doesn't align with lumbar joint mechanics.

4. The FAIR test for piriformis syndrome assesses what combination of hip movements?

A. Flexion, Adduction, and Internal rotation

B. Flexion, Abduction, and External rotation

C. Extension, Adduction, and Internal rotation

D. Flexion, Abduction, and Internal rotation

The test checks how the piriformis muscle and the sciatic nerve respond to a specific hip position that places the piriformis between its origin and the sciatic nerve. In this position the hip is flexed, adducted, and internally rotated. This combination tightens or compresses the piriformis against the sciatic nerve, so if the piriformis is irritated or tight, sciatic-type pain is reproduced. A positive result—pain or paresthesias in the buttock or along the sciatic distribution—suggests piriformis-related sciatic irritation. Other hip positions stress different structures (for example, some positions emphasize the hip joint or sacroiliac area), so they are less specific for piriformis syndrome.

5. Which term describes reproduction of pain by maneuvers designed to stress segmental tissue?

A. Neurodynamic signs

B. Pain provocation signs

C. Muscle palpation signs

D. Visceral signs

Pain provocation signs come from provocative maneuvers that load the spinal segment's structures and reproduce the patient's pain. These tests target local tissues like facet joints, joint capsules, ligaments, and the disc around a specific segment. When those tissues are irritated, the maneuvers provoke the pain, indicating segmental involvement and helping distinguish it from other pain sources. Neurodynamic signs, in contrast, reproduce symptoms by loading neural tissue along a pathway; muscle palpation signs rely on tenderness from palpating muscles; visceral signs point to referred pain from internal organs. So this term best describes the reproduction of pain when segmental tissues are stressed.

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6. If an extruded fragment becomes completely detached, which stage is it?

A. Degeneration

B. Prolapse

C. Sequestration

D. Extrusion

Sequestration is the stage where a fragment that has extruded away from the disc becomes completely free, detached from the parent disc. After the nucleus pulposus breaches the annulus and forms an extrusion, it remains connected to the disc if not fully separated. Once that piece breaks entirely away and is no longer attached, it becomes a free fragment in the canal—this is sequestration. Clinically, sequestrated fragments can migrate and cause symptoms that may differ from earlier stages because they're no longer tethered to the disc. Degeneration refers to initial degenerative changes, and prolapse/protrusion describes bulging where the material is still continuous with the disc, while extrusion denotes passage through the annulus with continued connection.

7. Which nerve root is tested by the peroneus longus and peroneus brevis muscles?

A. L5

B. S1

C. S2

D. L4

The key idea is linking a muscle's action to the nerve that supplies it and then to the nerve roots that contribute to that nerve. Peroneus longus and peroneus brevis are the foot everters, and they receive innervation from the superficial fibular (peroneal) nerve. The fibers most relevant for testing this muscle group come from the S1 nerve root. So when you test eversion strength against resistance, you're assessing the function of the superficial fibular nerve and its S1 contribution. If eversion is weak, it points to S1 involvement or to a problem with the superficial fibular nerve, whereas other roots (like L4 or L5) would more prominently affect dorsiflexion or inversion rather than eversion.

8. The outer fibrous ring of the intervertebral disc is called what?

A. Annulus fibrosis

B. Nucleus pulposus

C. Endplate

D. Ligamentum flavum

The outer fibrous ring is the annulus fibrosus. It consists of multiple concentric lamellae of collagen fibers that encircle the gel-like nucleus pulposus, providing containment and resisting tensile and shear stresses during bending and twisting. The nucleus pulposus sits at the center to distribute pressure, while the endplates form the nutrient-rich interfaces with the vertebral bodies, and the ligamentum flavum is the elastic posterior ligament, not part of the disc.

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9. Which of the following is NOT a listed stage in the typical progression of a disc herniation?

A. Degeneration

B. Prolapse

C. Extrusion

D. Dysplasia

The progression of a disc herniation reflects changes in the disc itself as it degenerates and the nucleus pulposus escapes through the annulus fibrosus. Degeneration is the initial weakening and dehydration of the disc that sets the stage for herniation. Prolapse (protrusion) occurs when the nucleus begins to bulge into the weakened annulus but remains within the disc and still connected to the center. Extrusion is a more advanced step where the nucleus pushes through the annulus and the posterior longitudinal ligament, extending beyond the disc space and potentially becoming a free fragment. Dysplasia is not part of this sequence; it denotes abnormal development of tissue or bone rather than a stage of disc herniation. So dysplasia is not a listed stage in the typical progression.

10. How would a patient with cancer possibly present?

A. Localized mild pain that improves with NSAIDs

B. Pain that radiates down the leg but is relieved by lying down

C. Previous history of CA, no position of relief, fever, constitutional symptoms weight loss, worse at night

D. Pain that is completely localized and improves with NSAIDs

Recognizing red flags for cancer in a patient with pain. When someone has a history of cancer, persistent pain that lasts despite changes in position, plus systemic signs like fever and weight loss, and pain that is worse at night, strongly suggests a malignant process such as metastasis rather than a benign musculoskeletal issue. Night pain that disrupts sleep is a classic warning sign, and systemic symptoms indicate the disease is affecting the body more broadly. These features together point toward cancer involvement and warrant prompt imaging and oncologic evaluation. By contrast, pain that is mild and localized, or pain that improves with nonsteroidal anti-inflammatory drugs, or pain radiating down the leg that is relieved by lying down, fits more with benign mechanical or radicular conditions rather than cancer.

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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://nms2lecture2.examzify.com

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

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