NHI EASTERN KINESIOLOGY 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. Which muscles act as agonists in neck flexion?

A. Latissimus Dorsi

B. Biceps Brachii

C. Trapezius and Levator Scapulae

D. SCM and Scalenes

2. Rectus femoris originates from which bony landmark?

A. Anterior inferior iliac spine (AIIS)

B. Anterior superior iliac spine (ASIS)

C. Iliac crest

D. Ischial tuberosity

3. Rhomboids minor insert on which part of the scapula?

A. Medial border between spine and inferior angle (major)

B. Upper portion of medial border across from spine (minor)

C. Lateral border

D. Coracoid process

4. Which term describes a deep indentation in a bone?

A. Condyle

B. Notch

C. Angle

D. Fossa

5. The insertion of the biceps femoris is on which structure?

A. Head of fibula

B. Calcaneus via calcaneal tendon

C. Proximal medial shaft of tibia

D. Posterior aspect of medial tibial condyle

6. Which muscles compose the agonists for shoulder flexion?

A. Latissimus Dorsi

B. Pectoralis Major Upper Fibers, Deltoid Anterior, Biceps Brachii

C. Supraspinatus

D. Pectoralis Major Lower Fibers

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7. From which fossa does the subscapularis originate?

A. Infrascapular fossa

B. Suprascapular fossa

C. Subscapular fossa of the scapula

D. Coracoid process

8. Which muscles act as primary agonists for lateral rotation of the shoulder?

A. Deltoid (Anterior), Latissimus Dorsi

B. Pectoralis Major, Latissimus Dorsi

C. Infraspinatus, Teres Minor, Deltoid (Posterior)

D. Supraspinatus, Subscapularis

9. Which term is defined as 'A small bump'?

A. Tubercle

B. Tuberosity

C. Line

D. Head

10. Which term describes a broad bump on a bone?

A. Process

B. Trochantor

C. Crest

D. Head

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Answers

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

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Explanations

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1. Which muscles act as agonists in neck flexion?

A. Latissimus Dorsi

B. Biceps Brachii

C. Trapezius and Levator Scapulae

D. SCM and Scalenes

Neck flexion is produced primarily by the sternocleidomastoid along with the scalene muscles. When both sides contract, the sternocleidomastoid pulls the head forward, bending the neck at the cervical spine. The scalene muscles lie on the side of the neck and assist in flexion (especially in coordination with the SCM) while also helping stabilize the neck and, for the scalenes, aiding in rib elevation during breathing. Because these muscles actively shorten to bring the chin toward the chest, they are the main agonists for neck flexion. The other muscles listed aren't primarily neck flexors. Latissimus dorsi and biceps brachii focus on shoulder and elbow movements, not neck flexion. Trapezius and levator scapulae mainly move or stabilize the scapula and can contribute to neck movements in other ways, but they don't act as the primary neck flexors.

2. Rectus femoris originates from which bony landmark?

A. Anterior inferior iliac spine (AIIS)

B. Anterior superior iliac spine (ASIS)

C. Iliac crest

D. Ischial tuberosity

Rectus femoris originates from the anterior inferior iliac spine. This direct head attaches there and allows the muscle to cross both the hip and knee joints as part of the quadriceps group. The ASIS is the attachment for the sartorius, not rectus femoris. The iliac crest is a broad attachment site for several muscles but not the origin of this muscle, and the ischial tuberosity is the origin for the hamstrings, not the quadriceps.

3. Rhomboids minor insert on which part of the scapula?

A. Medial border between spine and inferior angle (major)

B. Upper portion of medial border across from spine (minor)

C. Lateral border

D. Coracoid process

Rhomboid minor sits higher on the medial border of the scapula, attaching to the upper portion opposite the spine of the scapula. This is distinct from the rhomboid major, which inserts along the lower medial border from the spine down to the inferior angle. The lateral border and the coracoid process are not insertion sites for the rhomboids. So the correct insertion for the rhomboid minor is the upper medial border across from the spine.

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4. Which term describes a deep indentation in a bone?

A. Condyle

B. Notch

C. Angle

D. Fossa

A notch is the term that describes a deep indentation along the edge of a bone. It marks a distinct cut or groove at the border, which helps create a space or passage for nerves, vessels, or for the arrangement of adjacent parts. This differs from a fossa, which is a shallow depression or basin on the bone surface, not necessarily at the edge. A condyle is a rounded projection that forms part of a joint surface, and an angle is a bend or corner of the bone, not an indentation. So when you're identifying a deep indentation along the edge of a bone, notch is the appropriate term. For example, the mandibular notch is a deep indentation between the coronoid process and the condyle of the mandible.

5. The insertion of the biceps femoris is on which structure?

A. Head of fibula

B. Calcaneus via calcaneal tendon

C. Proximal medial shaft of tibia

D. Posterior aspect of medial tibial condyle

Where the distal tendon of the biceps femoris attaches determines its action. This muscle, with its two heads, converges to insert on the head of the fibula. That placement on the fibular head allows knee flexion and, when the knee is bent, lateral rotation of the leg. The other options point to attachments for different structures: the calcaneus via the calcaneal tendon is where the gastrocnemius and soleus attach (not the hamstrings); the proximal medial shaft of the tibia is a common insertion for muscles that form the pes anserinus (such as semitendinosus and gracilis); and the posterior aspect of the medial tibial condyle is where the semimembranosus inserts. So the head of the fibula is the correct insertion site.

6. Which muscles compose the agonists for shoulder flexion?

A. Latissimus Dorsi

B. Pectoralis Major Upper Fibers, Deltoid Anterior, Biceps Brachii

C. Supraspinatus

D. Pectoralis Major Lower Fibers

Shoulder flexion is the movement of lifting the arm forward at the shoulder joint. The main muscles actively driving this are the anterior fibers of the deltoid and the clavicular (upper) portion of the pectoralis major, as they attach to the humerus in a way that pulls the arm forward and up. The biceps brachii also helps, especially when the elbow is flexed, because its long head crosses the shoulder and can assist in lifting the arm. Other muscles listed don't function as primary flexors: latissimus dorsi pulls the arm downward and backward (extension/adduction), supraspinatus mainly initiates abduction, and the lower fibers of the pectoralis major contribute more to adduction and extension from a flexed position rather than initiating flexion. So the combination of upper fibers of pectoralis major, anterior deltoid, and biceps brachii best represents the agonists for shoulder flexion.

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7. From which fossa does the subscapularis originate?

A. Infrascapular fossa

B. Suprascapular fossa

C. Subscapular fossa of the scapula

D. Coracoid process

Subscapularis originates from the subscapular fossa, the broad concave area on the anterior surface of the scapula. This fossa is specifically the attachment site for this muscle, which then inserts on the lesser tubercle of the humerus to medially rotate the arm. The other options don't fit because the supraspinous and infraspinous fossae are on the posterior surface and serve other rotator cuff muscles, while the coracoid process is a projection, not a fossa, and is not the origin for subscapularis.

8. Which muscles act as primary agonists for lateral rotation of the shoulder?

A. Deltoid (Anterior), Latissimus Dorsi

B. Pectoralis Major, Latissimus Dorsi

C. Infraspinatus, Teres Minor, Deltoid (Posterior)

D. Supraspinatus, Subscapularis

External rotation of the shoulder is produced mainly by the rotator cuff muscles that wrap around the humeral head. The two primary external rotators are the infraspinatus and the teres minor. The posterior fibers of the deltoid can contribute to external rotation, especially when the arm is elevated, but they're not the main drivers. Other muscles listed act predominantly as internal rotators or have primary roles other than external rotation (for example, some initiate abduction or internal rotation). So the combination that includes the two primary external rotators plus the posterior deltoid best accounts for lateral rotation of the shoulder.

9. Which term is defined as 'A small bump'?

A. Tubercle

B. Tuberosity

C. Line

D. Head

In bone anatomy, a small bump is called a tubercle. It's a modest, rounded projection on a bone that typically serves as an attachment point for ligaments or tendons. This distinguishes it from other terms: a tuberosity is a larger, rougher bump; a line is a thin, elongated ridge; and a head is a rounded end of a bone that forms part of a joint. So the name defined as a small bump is tubercle, such as the small bumps you'll learn about on various bones that muscles and ligaments grip for leverage and movement.

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10. Which term describes a broad bump on a bone?

A. Process

B. Trochantor

C. Crest

D. Head

Think about bone landmarks and how they're named. A broad bump on a bone falls under the general term for a projection, which is called a process. A process is any outgrowth or protrusion from a bone, so it can describe a wide variety of shapes, including a broad bump. The other terms are more specific: a trochanter refers to a large, blunt bump on certain bones (like the femur); a crest is a narrow, prominent ridge; a head is the rounded end of a bone that typically forms part of a joint. So the broad bump fits best with process because it's a general description of a projecting area.

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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://nhieasternkinesiology.examzify.com

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

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