OCCUPATIONAL THERAPY METHODS 2 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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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. All of the following are important orthotic principles except:

A. Avoid pressure on bony prominences

B. Shorter and narrower orthotics distribute pressure better

C. Check functional use of allow motion of uninvolved joints

D. Flare and round edges of orthotic

2. Which of the following are clinical indications that would use IFC?

A. Pain relief only

B. Decreasing edema only

C. Pain relief, decreasing edema, increasing blood flow, and muscle stimulation

D. Muscle stimulation only

3. For mobilization orthotic with an outrigger, the line of pull should be at what angle to the long axis?

A. 0 degree

B. 45 degree

C. 135 degree

D. 90 degree

4. Which type of orthotic would you use with a person that has tendonitis in the volar wrist?

A. Dynamic orthosis

B. Serial static orthosis

C. Dynamic or static depending on chronicity

D. Static if it is acute

5. Is residual limb length a consideration when choosing a prosthetic?

A. Yes

B. No

C. Only for children

D. It is never a factor

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6. Which item is included in wound assessment?

A. Insurance information

B. Description of surrounding intact skin

C. Occupation

D. Location

7. When designing a forearm orthotic, what proportion of the forearm length and width is recommended?

A. Two-thirds length and one-half width

B. One-half length and one-half width

C. Three-quarters length and one-third width

D. One-third length and two-thirds width

8. Which statement describes the intrinsic plus position for MCP joints?

A. The MCP joints are extended

B. The MCP joints are flexed and collateral ligaments lengthened

C. The MCP joints are neutral

D. The MCP joints are abducted and flexed

9. The short thumb spica can immobilize the CMC joint and the MP joint of the thumb. True or false?

A. True

B. False

C. Not used for this purpose

D. Depends on the orthosis design

10. What cycling mode is most appropriate when using NMES for two different muscle groups for grasp and release activities?

A. Continuous

B. Burst

C. EMS alternating

D. Modulated

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Answers

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

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Explanations

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1. All of the following are important orthotic principles except:

A. Avoid pressure on bony prominences

B. Shorter and narrower orthotics distribute pressure better

C. Check functional use of allow motion of uninvolved joints

D. Flare and round edges of orthotic

Orthotic design aims to protect the skin and preserve function by distributing pressure across a broad surface and avoiding concentrated loads. A well-made orthosis should avoid pressure on bony prominences to prevent skin breakdown, enable functional movement by allowing motion of uninvolved joints, and have flared and rounded edges to minimize irritation and shear at the margins. Longer and wider contact areas help spread the load more evenly, improving comfort and stability. The statement that shorter and narrower orthotics distribute pressure better isn't correct because reducing length or width decreases the contact area, concentrates pressure on fewer points, and can increase risk of pressure injuries and instability. The other principles described align with good orthotic design.

2. Which of the following are clinical indications that would use IFC?

A. Pain relief only

B. Decreasing edema only

C. Pain relief, decreasing edema, increasing blood flow, and muscle stimulation

D. Muscle stimulation only

Interferential current therapy provides deep, comfortable stimulation that can affect several physiological targets at once. By using two intersecting medium-frequency currents, it creates a beat frequency inside the tissues that modulates nerve activity to produce pain relief. At the same time, this stimulation improves local circulation, which helps reduce edema through enhanced venous and lymphatic return and increased tissue perfusion. When settings are appropriate, it can also lead to muscle activation or contraction, aiding muscle stimulation and rehabilitation. Because IFC can deliver analgesia, edema reduction, increased blood flow, and muscle stimulation, the most complete clinical indication includes all of these effects rather than just one.

3. For mobilization orthotic with an outrigger, the line of pull should be at what angle to the long axis?

A. 0 degree

B. 45 degree

C. 135 degree

D. 90 degree

The line of pull should be perpendicular to the long axis to maximize torque at the joint. An outrigger is a lever that applies force to produce joint motion, and pulling at 90 degrees creates a pure rotational effect about the joint, giving controlled, efficient mobilization in the desired plane. If the pull is parallel to the axis, the force mainly translates along the limb with little rotational mobilization and can add unwanted distraction or compression. Angles like 45 or 135 degrees mix rotation and translation and are less optimal for targeted mobilization. So aligning the line of pull at ninety degrees provides the strongest, most controlled mobilization effect.

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4. Which type of orthotic would you use with a person that has tendonitis in the volar wrist?

A. Dynamic orthosis

B. Serial static orthosis

C. Dynamic or static depending on chronicity

D. Static if it is acute

When tendonitis in the volar wrist is in the acute stage, the priority is to rest the inflamed flexor tendons and minimize tendon excursion. A static orthosis achieves this by immobilizing the wrist (often extending to the forearm) in a rest position, which reduces movement and pain and allows inflammation to subside. Dynamic orthoses, with their moving components, provide gliding and loading that aids rehab, but this can aggravate an active inflammatory process, so they're more appropriate after the acute phase. Serial static orthoses involve staged changes to gradually lengthen tissues or alter positioning, which is useful for stiffness or contractures but isn't the first choice when the goal is simple rest and inflammation control. So, in an acute tendonitis of the volar wrist, a static orthosis is the best fit.

5. Is residual limb length a consideration when choosing a prosthetic?

A. Yes

B. No

C. Only for children

D. It is never a factor

Residual limb length influences how a prosthetic is fit, suspended, and controlled. A longer limb provides more surface area for a secure, comfortable socket and better leverage, which can improve control and reduce the effort required to operate the device. Shorter limbs present challenges: less contact area can make a socket less stable, may limit available muscle sites for control signals (especially for myoelectric devices), and often necessitate different suspension methods or socket designs to maintain a secure fit. Growth in children means the fit and components may need more frequent changes, but limb length remains a factor at any age. Additionally, limb length interacts with volume and edema fluctuations, skin tolerance, and overall comfort, all of which guide the choice of prosthetic components and training. So, residual limb length is indeed a consideration when choosing a prosthetic.

6. Which item is included in wound assessment?

A. Insurance information

B. Description of surrounding intact skin

C. Occupation

D. Location

The key thing a wound assessment must establish is exactly where the wound is on the body. Pinpointing the location anchors all other observations, guiding treatment decisions, dressing choices, and how healing is tracked over time. Knowing the site helps anticipate how the wound will affect movement and daily activities, informs precautions to avoid contamination or irritation, and ensures clear communication with the rest of the care team. Administrative details like insurance information aren't part of wound assessment, and while occupation can be considered in OT planning, it's broader than the wound's characteristics. Describing the surrounding intact skin is also part of wound evaluation, but identifying the precise location is essential for orienting the assessment and subsequent care.

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7. When designing a forearm orthotic, what proportion of the forearm length and width is recommended?

A. Two-thirds length and one-half width

B. One-half length and one-half width

C. Three-quarters length and one-third width

D. One-third length and two-thirds width

Sizing a forearm orthosis uses fractional proportions of the forearm to balance stability with comfort. The recommended approach is to make the orthosis about two-thirds of the forearm's length and about one-half of its width. This length places the distal edge in a region that provides solid stabilization without extending so far as to hinder elbow movement or become uncomfortable at the wrist or elbow crease. The width being roughly half of the forearm ensures the device grips adequately to stay in place and distribute pressure evenly, while leaving room for padding and avoiding excessive bulk that could irritate skin or restrict soft tissue movement. If the length is extended to three-quarters, the orthosis may feel cumbersome and impede elbow motion; if it is shortened to one-third, it may not provide enough stabilization. Similarly, a width larger than half can add unnecessary bulk and risk skin irritation, while a width smaller than half may not control motion effectively.

8. Which statement describes the intrinsic plus position for MCP joints?

A. The MCP joints are extended

B. The MCP joints are flexed and collateral ligaments lengthened

C. The MCP joints are neutral

D. The MCP joints are abducted and flexed

Intrinsic plus means the MCP joints are flexed while the IP joints are extended, placing the collateral ligaments around the MCP joints in a lengthened (taut) state and positioning the intrinsic muscles to help extend the IP joints. This configuration helps preserve tendon gliding and prevent flexion contractures during immobilization, so describing the MCP joints as flexed with the collateral ligaments lengthened best captures the intrinsic plus position. Extending the MCP joints, keeping them neutral, or having them abducted with flexion do not describe this position.

9. The short thumb spica can immobilize the CMC joint and the MP joint of the thumb. True or false?

A. True

B. False

C. Not used for this purpose

D. Depends on the orthosis design

Immobilizing the base of the thumb requires restricting motion at both the carpometacarpal (CMC) joint and the metacarpophalangeal (MCP) joint. A short thumb spica is designed to do exactly that by securing the wrist and wrapping around the thumb so movement at the CMC and MCP joints is limited. This stabilization helps protect ligaments, reduce pain, and promote healing after injuries or after surgery. While designs can vary and some may allow limited IP movement or extend to immobilize more joints, the standard purpose of a short thumb spica is to immobilize the CMC and MCP joints of the thumb.

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10. What cycling mode is most appropriate when using NMES for two different muscle groups for grasp and release activities?

A. Continuous

B. Burst

C. EMS alternating

D. Modulated

When you want grasp and release to feel functional, the stimulation should switch between the two muscle groups so they work in turn. EMS alternating does exactly that by cycling current from one channel to the other in a set rhythm. This makes the finger flexors fire to close the hand, then the finger extensors fire to open it, and the cycle repeats. The result is a smooth, reciprocal pattern that mirrors natural hand movement, which helps with timing and motor relearning. It also gives each muscle group a rest between activations, reducing fatigue and allowing longer, more meaningful practice. Other modes don't provide this automatic alternation between muscle groups: continuous stimulation can keep both groups active or fatigue them fast, bursts don't produce a steady open-close rhythm, and modulated patterns alter intensity without ensuring the two groups alternate.

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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://occupationaltherapymethods2.examzify.com

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

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