OMM PRINCIPLES AND PRACTICE OF OSTEOPATHIC MEDICINE II (PPOMII) PRACTICAL 1 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 option describes Becker Hold?

A. Bilateral Temporal Contact (Becker Variation)

B. Flexion Hand Placements

C. Becker Hold

D. OA Decompression

2. Rib Counterstrain AR1-2 Exhaled targets which ribs?

A. Ribs 3-4

B. Ribs 5-6

C. Ribs 1-2

D. Ribs 7-8

3. Which MET is associated with Anterior Fibular Head?

A. Anterior Fibular Head SD MET

B. Posterior Fibular Head SD MET

C. Knee Extension SD MET

D. Hip Abduction SD MET

4. In Counterstrain for inguinal points, which positional combination is used?

A. FLEX ADDUCT IR

B. FLEX ADDUCT ER

C. FLEX ABDUCT IR

D. FLEX ADD IR

5. Which counterstrain targets the posterolateral trochanteric region?

A. Posterolateral Trochanteric Counterstrain

B. Lateral Trochanteric Counterstrain

C. Posteromedial Trochanteric Counterstrain

D. Medial Hamstring (Semimembranosus) Counterstrain

6. In Counterstrain for Psoas, how are the legs positioned?

A. Legs extended and laterally rotated.

B. Flex hips and knees bilaterally and rest legs on the physician's thigh.

C. Cross ankles behind the back.

D. Knees together with feet apart.

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7. Which HVLA technique addresses the posterior fibular head?

A. Posterior Fibular head SD HVLA

B. Anterior Fibular head SD HVLA

C. Anterior tibia SD HVLA

D. Dropped navicular HVLA

8. Rhomboid Minor/Major Counterstrain: Position?

A. Flexion and Adduction

B. Extension and Abduction

C. Extension and Adduction

D. Flexion and Abduction

9. Which counterstrain is associated with the medial ankle, specifically the tibialis anterior?

A. Medial Ankle (Tibialis Anterior) Counterstrain

B. Lateral Ankle Counterstrain

C. Navicular Counterstrain

D. Calcaneal "Flexion Calcaneus" Counterstrain

10. Bilateral Temporal Contact (Becker Variation) is a variation of which technique?

A. OA Decompression

B. Becker Hold

C. Flexion Hand Placements

D. Rotation Hand Placements

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Answers

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

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Explanations

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1. Which option describes Becker Hold?

A. Bilateral Temporal Contact (Becker Variation)

B. Flexion Hand Placements

C. Becker Hold

D. OA Decompression

In cranial osteopathy, a specific hand configuration is used to establish a stable, bilateral contact so you can sense and influence the cranial rhythm. The Becker Hold is that named setup: a balanced, gentle touch that allows you to monitor subtle movements of the skull and the dural membranes, providing a reliable baseline from which to guide treatment. This hold is distinct from the variation that uses bilateral temporal contact, which is a variation of the same idea but with a different finger/hand placement on the temples. It is also different from OA decompression, which is a targeted technique aimed at decompressing the occipito-atlantal junction, not simply establishing the standard cranial contact. Flexion hand placements refer to a different approach within cranial techniques that emphasizes a flexed position to achieve release, rather than the neutral, balanced setup of the Becker Hold. So the Becker Hold is the specific, named cranial contact used to feel and modulate the cranial mechanism, making it the best choice among the options.

2. Rib Counterstrain AR1-2 Exhaled targets which ribs?

A. Ribs 3-4

B. Ribs 5-6

C. Ribs 1-2

D. Ribs 7-8

AR1-2 Exhaled refers to tender points on the anterior chest over the first and second ribs. The designation means the first two ribs (ribs 1 and 2) are involved, and the pattern is an exhalation dysfunction, which is treated by placing the patient in a position that brings those upper ribs toward their ease in exhalation. Those anterior rib points sit near the upper costosternal region, so the treatment focus is on relaxing the muscles over ribs 1–2 and letting the upper thorax settle. The other options point to different rib levels and do not match the AR1-2 exhaled pattern.

3. Which MET is associated with Anterior Fibular Head?

A. Anterior Fibular Head SD MET

B. Posterior Fibular Head SD MET

C. Knee Extension SD MET

D. Hip Abduction SD MET

The technique used here targets the specific somatic dysfunction at the fibular head. In MET, you choose a maneuver that corresponds to the exact position of the dysfunctional part. When the fibular head is anterior relative to the tibia, you use the Anterior Fibular Head SD MET. This approach invites the patient to contract a muscle pattern that moves the fibular head back toward its normal position, while you apply gentle counterforce to guide the motion and then reassess. Other options don't address the same anatomical issue. A posterior fibular head MET would be used if the head were posterior, not anterior. METs named for knee extension or hip abduction target different joints or movements and won't specifically correct an anterior fibular head dysfunction. So the anterior fibular head MET is the correct match for this presentation.

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4. In Counterstrain for inguinal points, which positional combination is used?

A. FLEX ADDUCT IR

B. FLEX ADDUCT ER

C. FLEX ABDUCT IR

D. FLEX ADD IR

In counterstrain, you treat a tender point by moving the body to a position of maximal comfort that shortens the muscle or muscle group involved, thereby reducing nociceptive input and spasm. For an inguinal counterstrain point, the tissues under tension are best relieved when the hip is in flexion, adduction, and internal rotation. This position shortens the muscles surrounding the inguinal region and aligns the fascia and tendons so the point is at its easiest, eliminating the painful reflex that maintains the strain. Other positions—such as abduction or external rotation—tend to place the region under more tension and do not provide the same relief, which is why flexion with adduction and internal rotation is the most effective combination.

5. Which counterstrain targets the posterolateral trochanteric region?

A. Posterolateral Trochanteric Counterstrain

B. Lateral Trochanteric Counterstrain

C. Posteromedial Trochanteric Counterstrain

D. Medial Hamstring (Semimembranosus) Counterstrain

In counterstrain, tender points are named for the exact anatomical location of the point, and you treat by placing the patient in a position of ease that reduces tenderness at that site. The posterolateral trochanteric region is the area at the back and outer aspect of the greater trochanter. The counterstrain point that targets this specific site is named for that region—posterolateral trochanteric counterstrain—so it directly addresses tenderness there. The other options refer to different regions or muscles and do not target the posterolateral trochanteric site.

6. In Counterstrain for Psoas, how are the legs positioned?

A. Legs extended and laterally rotated.

B. Flex hips and knees bilaterally and rest legs on the physician's thigh.

C. Cross ankles behind the back.

D. Knees together with feet apart.

In counterstrain for the psoas, the goal is to shorten the muscle to relieve the tender point. The psoas crosses the hip joint, so flexing the hip actively shortens it. Placing both hips and knees in flexion and having the legs rest on the physician's thigh creates a stable, comfortable position that maximally shortens the psoas and reduces the abnormal muscle spindle activity at the tender point. This bilateral flexion position is the most effective way to treat psoas counterstrain because other positions would lengthen or fail to relax the muscle, not provide relief.

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7. Which HVLA technique addresses the posterior fibular head?

A. Posterior Fibular head SD HVLA

B. Anterior Fibular head SD HVLA

C. Anterior tibia SD HVLA

D. Dropped navicular HVLA

Focusing on the direction of a fibular head dysfunction is key. When the fibular head is stuck posteriorly, the treatment aims to move it forward relative to the tibia. The HVLA technique labeled for the posterior fibular head uses a quick thrust directed anteriorly to correct that posterior position, restoring proper articulation at the proximal fibiofibular joint and improving ankle function. This direct correction matches the specific deformity, making it the appropriate choice. The other options target different structures or directions: an HVLA for an anterior fibular head would address anterior displacement; an HVLA on the tibia speaks to tibial dysfunction; a dropped navicular HVLA targets a bone in the midfoot, not the fibular head.

8. Rhomboid Minor/Major Counterstrain: Position?

A. Flexion and Adduction

B. Extension and Abduction

C. Extension and Adduction

D. Flexion and Abduction

Rhomboid major and minor counterstrain aims to place the muscle in a position of ease by shortening it. The rhomboids retract (adduct) the scapula and downwardly rotate it, so to lessen the tender point you position the scapula toward the spine (adduction) while extending the thoracic spine. This combination shortens the rhomboid fibers and reduces muscle spindle firing at the tender point along the medial border of the scapula, allowing the muscle to relax and the pain to diminish. Flexion or abduction would move the scapula away from the spine or put the muscle in a more stretched position, which is less favorable for releasing the tender point.

9. Which counterstrain is associated with the medial ankle, specifically the tibialis anterior?

A. Medial Ankle (Tibialis Anterior) Counterstrain

B. Lateral Ankle Counterstrain

C. Navicular Counterstrain

D. Calcaneal "Flexion Calcaneus" Counterstrain

In counterstrain, tender points are named for the muscle involved and the exact location. The tibialis anterior runs along the front of the leg and crosses the ankle to insert on the medial foot, so a tender point at the medial ankle directly corresponds to the tibialis anterior. That makes the Medial Ankle (Tibialis Anterior) Counterstrain the correct match. The other options point to different regions or structures—the lateral ankle relates to the peroneals, the navicular point is near the navicular bone, and the calcaneal point is at the heel—so they don't map to the tibialis anterior.

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10. Bilateral Temporal Contact (Becker Variation) is a variation of which technique?

A. OA Decompression

B. Becker Hold

C. Flexion Hand Placements

D. Rotation Hand Placements

The Bilateral Temporal Contact variant is a refinement of a specific cranial hold known as the Becker Hold. In this variation, both temporal bones are contacted to create a balanced, bilateral influence on the cranial mechanism, which helps harmonize the cranial rhythmic impulse and address bilateral temporal/spheno-basilar tensions. It's not a different technique like OA decompression or a generic hand-placement approach; it's the Becker Hold adapted to use bilateral temporal contact. The other options describe different techniques or placements that don't embody this particular bilateral temporal refinement.

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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://ommppom2.examzify.com

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

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