OPSA ESSENTIALS 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. Inspiratory reserve volume is defined as?

A. The amount of air in excess of tidal volume that can be inhaled with maximum effort

B. The amount of air that can be exhaled after a normal exhale

C. The air remaining after a maximal exhale

D. The air exchanged per minute

2. Excessive posterior translation during a knee posterior drawer test indicates injury to which structure?

A. PCL injury

B. ACL injury

C. MCL injury

D. LCL injury

3. Cancer cachexia is characterized by loss of both skeletal muscle and what other tissue mass?

A. Fat mass

B. Bone mass

C. Cartilage mass

D. Skin mass

4. Fasting blood glucose - diabetes range?

A. ≥7.0 mmol/L on two separate tests

B. ≥7.0 mmol/L on a single test

C. 5.6-6.9 mmol/L

D. <5.6 mmol/L

5. What is the eGFR range for CKD stage 2 (mildly decreased)?

A. 15-29 mL/min/1.73 m^2.

B. 30-59 mL/min/1.73 m^2.

C. 45-75 mL/min/1.73 m^2.

D. 60-89 mL/min/1.73 m^2.

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6. Are the contraindications for symptom-limited exercise testing the same as those for maximal exercise testing?

A. No, they are completely different.

B. Yes—the same contraindications apply.

C. They apply only to maximal testing.

D. They apply only to symptom-limited testing.

7. In the Hoehn and Yahr scale, which description best matches stage 5?

A. Wheelchair bound or bedridden unless assisted.

B. Independent with mobility.

C. Requires only occasional assistance with self-care.

D. Can walk short distances with aids.

8. C6 myotome is associated with which movements?

A. Knee extension

B. Elbow flexion and wrist extension

C. Great toe extension and hip abduction

D. Finger abduction and adduction (interossei)

9. Which muscle is the prime mover for scapular protraction, with assistance from pectoralis minor?

A. Deltoid

B. Pectoralis minor

C. Middle trapezius

D. Serratus anterior

10. In Sahrmann test stage 3, which action describes the movement?

A. One foot is slowly lowered to tap the floor and returned to tabletop while pressure remains constant.

B. Both legs are lowered together to the floor.

C. One leg is lifted to the tabletop while the other remains on the floor.

D. The pelvis is rotated while the trunk remains still.

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Answers

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

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Explanations

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1. Inspiratory reserve volume is defined as?

A. The amount of air in excess of tidal volume that can be inhaled with maximum effort

B. The amount of air that can be exhaled after a normal exhale

C. The air remaining after a maximal exhale

D. The air exchanged per minute

Inspiratory reserve volume is the extra air you can inhale after taking a normal breath. After your tidal volume is filled, you have the ability to pull in additional air with a maximal effort; the amount of air gained beyond that normal inhalation is the inspiratory reserve volume. This fits into the larger set of lung volumes that combine to form the vital capacity, since vital capacity equals tidal volume plus inspiratory and expiratory reserve volumes (with residual volume not counted in vital capacity). In healthy adults, you typically see about 500 mL of tidal volume, plus roughly 2–3 liters of inspiratory reserve, plus about 1 liter of expiratory reserve, with a residual amount remaining in the lungs after a maximal exhale. The other descriptions refer to different concepts: the air you can exhale after a normal exhale is expiratory reserve volume; the air left in the lungs after a maximal exhale is residual volume; and the amount of air moved per minute is minute ventilation, a rate rather than a static volume.

2. Excessive posterior translation during a knee posterior drawer test indicates injury to which structure?

A. PCL injury

B. ACL injury

C. MCL injury

D. LCL injury

The test assesses posterior stability of the knee and the integrity of the posterior cruciate ligament, which is the primary restraint to backward movement of the tibia. When the tibia translates rearward excessively under a posterior force (with the knee typically flexed around 90 degrees), it indicates the PCL is damaged or lax. The ACL mainly prevents forward (anterior) tibial movement, so its injury would more likely show increased anterior translation, not posterior. The MCL and LCL stabilize the knee against side-to-side forces, so injuries to those ligaments don't primarily produce excessive posterior tibial movement. Thus, an excessive posterior translation on the posterior drawer test points to a PCL injury.

3. Cancer cachexia is characterized by loss of both skeletal muscle and what other tissue mass?

A. Fat mass

B. Bone mass

C. Cartilage mass

D. Skin mass

Cancer cachexia is a wasting syndrome driven by cancer that causes loss of skeletal muscle mass along with loss of fat stores. The depletion of adipose tissue accompanies the muscle wasting due to systemic inflammation and metabolic changes that increase energy expenditure and protein and lipid breakdown. Among the options, fat mass best fits because the hallmark co-occuring tissue loss with skeletal muscle in cachexia is adipose tissue. Bone, cartilage, and skin losses are not defining features of cachexia.

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4. Fasting blood glucose - diabetes range?

A. ≥7.0 mmol/L on two separate tests

B. ≥7.0 mmol/L on a single test

C. 5.6-6.9 mmol/L

D. <5.6 mmol/L

Diagnosing diabetes with fasting glucose requires two abnormal results on separate occasions. The threshold is a fasting glucose of 7.0 mmol/L (126 mg/dL) or higher, confirmed on two separate tests. This two-test rule guards against misclassification from day-to-day variation or temporary factors like stress or illness. If fasting glucose is 5.6–6.9 mmol/L, that indicates impaired fasting glucose (prediabetes), not diabetes. A value below 5.6 mmol/L is considered normal. Remember, fasting means no caloric intake for at least 8 hours before the test.

5. What is the eGFR range for CKD stage 2 (mildly decreased)?

A. 15-29 mL/min/1.73 m^2.

B. 30-59 mL/min/1.73 m^2.

C. 45-75 mL/min/1.73 m^2.

D. 60-89 mL/min/1.73 m^2.

CKD staging uses the eGFR to show how much kidney function has declined. The range that corresponds to mildly decreased kidney function, or CKD stage 2, is 60 to 89 mL/min/1.73 m^2. Numbers in this range mean the kidneys aren't filtering at full speed, but the function isn't severely reduced yet. As a reference, CKD stage 3 is 30–59, stage 4 is 15–29, and stage 5 is below 15. The option that lists 60–89 fits this stage definition, while ranges like 15–29 or 30–59 indicate more advanced disease, and a range such as 45–75 isn't a standard CKD stage interval because it overlaps multiple stages.

6. Are the contraindications for symptom-limited exercise testing the same as those for maximal exercise testing?

A. No, they are completely different.

B. Yes—the same contraindications apply.

C. They apply only to maximal testing.

D. They apply only to symptom-limited testing.

The key idea is safety: the reasons you would not do an exercise test in a patient are based on risk to the patient, not on how hard you plan to push them. Whether you're aiming for a maximal effort or a symptom-limited test, the same contraindications apply because either form could provoke a dangerous event if those conditions are present. If there is an active or high-risk condition (absolute contraindication), the test should not be performed at all. Even when a test is symptom-limited, you still screen for these safety factors and you would stop or cancel the test if a contraindication is present. In other words, the decision to test is governed by safety criteria that don't change with the testing goal. Some guidelines also distinguish relative contraindications that warrant extra caution, but they still reflect the same overall safety boundaries.

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7. In the Hoehn and Yahr scale, which description best matches stage 5?

A. Wheelchair bound or bedridden unless assisted.

B. Independent with mobility.

C. Requires only occasional assistance with self-care.

D. Can walk short distances with aids.

Stage 5 on the Hoehn and Yahr scale describes the most advanced Parkinson's state. At this point, individuals are wheelchair-bound or bedridden unless assisted and require constant nursing care for all activities of daily living. Mobility is severely limited, and standing or walking without full-time help is usually not possible. This level of dependence distinguishes it from earlier stages, where people are still independent with mobility or require only partial assistance. That's why the description "wheelchair bound or bedridden unless assisted" best fits stage five.

8. C6 myotome is associated with which movements?

A. Knee extension

B. Elbow flexion and wrist extension

C. Great toe extension and hip abduction

D. Finger abduction and adduction (interossei)

In myotome testing, each nerve root is linked to certain muscle movements. The C6 level is most clearly associated with elbow flexion and wrist extension. The biceps brachii mainly uses the C5–C6 roots to bend the elbow, while the wrist extensors (extensor carpi radialis longus and brevis) are strongly powered by C6. So asking a patient to resist elbow flexion and to resist wrist extension directly assesses the integrity of the C6 myotome. The other movements map to different roots: knee extension is controlled by L3–L4 via the femoral nerve, great toe extension by L5, hip abduction by L4–S1 via the gluteal nerves, and finger abduction/adduction by the interossei is primarily T1. Because those don't align with C6, they're not the best indicators of this myotome.

9. Which muscle is the prime mover for scapular protraction, with assistance from pectoralis minor?

A. Deltoid

B. Pectoralis minor

C. Middle trapezius

D. Serratus anterior

Scapular protraction is produced most effectively by the serratus anterior. Its fibers run from the ribs to the anterior surface of the medial border of the scapula, so when it contracts it pulls the scapula forward along the rib cage, pushing the medial border away from the spine. This is exactly the movement called protraction and is essential during pushing actions. Pectoralis minor can assist by pulling the scapula forward and downward, but its line of pull is less favorable for creating full protraction, so it acts as a stabilizing helper rather than the main driver. The deltoid mainly moves the arm, and the middle trapezius retracts the scapula, which is the opposite direction of protraction. Hence, serratus anterior is the primary muscle for scapular protraction, with assistance from pectoralis minor.

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10. In Sahrmann test stage 3, which action describes the movement?

A. One foot is slowly lowered to tap the floor and returned to tabletop while pressure remains constant.

B. Both legs are lowered together to the floor.

C. One leg is lifted to the tabletop while the other remains on the floor.

D. The pelvis is rotated while the trunk remains still.

Stage 3 focuses on refined control of the deep abdominal muscles and pelvic stability while a limb moves, with the spine kept braced and neutral. The movement described involves slowly lowering one leg from tabletop toward the floor and then returning it to tabletop, all while maintaining a constant abdominal pressure. This pattern directly tests the ability to brace the core and prevent trunk motion as the limb changes position, which is the skill being evaluated at this stage. Lowering both legs together would spread the demand and recruit different strategies, so it doesn't isolate the same stability control. Lifting a leg to the tabletop emphasizes a different direction of movement rather than the controlled lowering and stabilization during unilateral leg movement. Rotating the pelvis while the trunk stays still introduces a compensatory movement not aligned with maintaining neutral pelvis and spine during the test.

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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:

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

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