ORTHO III – CORE STABILITY TRAINING 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. Clamshells are indicated for which conditions?

A. Cervical spine pain

B. LBP/SI syndromes, hip conditions, knee, foot/ankle conditions

C. Shoulder impingement

D. Ankle sprains only

2. How do you adjust core stability training for clients with osteoporosis?

A. Increase dynamic spinal flexion to stimulate bone.

B. Use heavy loads with fast reps to stimulate bone density.

C. End-range spinal flexion with rotation.

D. Avoid end-range spinal flexion/extension, use low-load, high-repetition; upright static holds rather than loaded flexion; progress gradually.

3. Which option correctly represents the indications for the Sheer/Squish test?

A. History of LBP, hip or lower quadrant dysfunction, and lumbopelvic muscle weakness

B. History of LBP

C. Hip or lower quadrant dysfunction

D. Lumbopelvic muscle weakness

4. Which statement describes how the Flick test is mobilized or corrected?

A. Manual traction

B. MET technique

C. Posterior tilt stretching

D. Joint mobilization with external rotation

5. What is a common error during a plank hold in novice participants and how to fix it?

A. Hips sagging or elevated; cue neutral spine, bracing, and modify by performing on knees or elevating surface.

B. Over-bracing with clenched jaw.

C. Breathing only through one nostril.

D. Holding a breath for the duration.

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6. Which of the following is NOT a core training principle that underpins most programs?

A. Pain-free range

B. Randomized high-intensity without progression

C. Neutral spine

D. Progressive overload

7. In the beginner dead bug progression, which movement pattern is recommended first?

A. Both limbs moving together

B. Arms and legs moving one limb at a time with opposite limbs

C. Only arms

D. Only legs

8. Clamshells primarily target which muscle?

A. Tensor fascia lata

B. Posterior glut med

C. Gluteus maximus

D. Anterior glut med

9. How does diaphragmatic breathing contribute to core stability?

A. It reduces intra-abdominal pressure.

B. It primarily increases lung capacity.

C. It contributes to intra-abdominal pressure coordinating with pelvic floor and transversus abdominis to stiffen the core during load.

D. It warms up the respiratory muscles.

10. What are key signs the core program is improving in joint stability during daily activities?

A. Reduced pain, improved endurance on endurance tests, ability to maintain neutral spine under load, less compensatory movement

B. Increased pain during activity

C. Decreased endurance

D. More compensatory movement

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Answers

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

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Explanations

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1. Clamshells are indicated for which conditions?

A. Cervical spine pain

B. LBP/SI syndromes, hip conditions, knee, foot/ankle conditions

C. Shoulder impingement

D. Ankle sprains only

Clamshells strengthen the hip external rotators and the gluteus medius, which improves pelvic and hip stability during movement. When these muscles are trained, the pelvis stays more level and the knee more aligned during weight-bearing tasks. This proximal control helps reduce stress that can contribute to low back pain and sacroiliac (SI) joint irritation, and it also improves knee tracking by preventing dynamic valgus that often accompanies hip weakness. Because of this, clamshells are useful for conditions involving the low back and SI joints, hip instability or pathology, and knee or foot/ankle problems where better proximal stability translates to improved distal mechanics. They aren't primarily used for cervical spine or shoulder issues, and they aren't limited to ankle sprains, making the listed broad areas the best fit.

2. How do you adjust core stability training for clients with osteoporosis?

A. Increase dynamic spinal flexion to stimulate bone.

B. Use heavy loads with fast reps to stimulate bone density.

C. End-range spinal flexion with rotation.

D. Avoid end-range spinal flexion/extension, use low-load, high-repetition; upright static holds rather than loaded flexion; progress gradually.

With osteoporosis, the aim is to strengthen the muscles that support the spine while keeping loading safe. End-range spinal flexion and extension places high compressive and shear forces on vulnerable vertebrae, increasing fracture risk. Therefore the smart approach uses low-load, high-repetition work, performed in upright positions with a neutral spine, focusing on endurance and neuromuscular control rather than bending deeply or twisting aggressively. Use static or slow, controlled movements in a stable posture, with proper bracing and breathing to maintain intra-abdominal pressure, and progress gradually by increasing duration or light resistance while preserving neutral alignment. This approach strengthens stabilizers without overloading the spine.

3. Which option correctly represents the indications for the Sheer/Squish test?

A. History of LBP, hip or lower quadrant dysfunction, and lumbopelvic muscle weakness

B. History of LBP

C. Hip or lower quadrant dysfunction

D. Lumbopelvic muscle weakness

This test assesses lumbopelvic stability and pelvic girdle integrity. It is most appropriate when a patient shows a combination of low back pain and signs of pelvic or hip-region involvement, along with weak lumbopelvic muscles, because instability in the pelvic ring or sacroiliac area often hinges on both symptomatic history and insufficient muscular support. If someone has only a history of low back pain, the finding is nonspecific and could reflect many different issues, not necessarily instability of the lumbopelvic region. If they have hip or lower quadrant dysfunction alone, the problem might be localized to the hip or abdominal region without indicating pelvic instability. If the weakness is present without pain or regional dysfunction, instability is less certain. The concurrence of low back pain, hip/lower quadrant symptoms, and lumbopelvic weakness creates the clinical scenario where compromised muscular control and pelvic stability are likely, making the Sheer/Squish test a meaningful indicator to assess and guide stabilization-focused rehab.

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4. Which statement describes how the Flick test is mobilized or corrected?

A. Manual traction

B. MET technique

C. Posterior tilt stretching

D. Joint mobilization with external rotation

Flick test correction relies on an active patient effort to reset joint position, which is exactly what Muscle Energy Technique provides. In MET, the patient actively shortens a targeted muscle against a gentle, directed counterforce from the clinician for a few seconds. This voluntary contraction helps normalize muscle tone and joint mechanics, and when the contraction releases, the clinician reassesses and moves the joint into a more favorable position. The result is improved mobility without aggressive or passive forcing. This differs from passive approaches like manual traction or joint mobilization with external rotation, which move the joint without the patient actively contracting. It also differs from posterior tilt stretching, which focuses on lengthening tissues rather than using a controlled, patient-driven contraction to reposition the joint. Thus, MET best describes how the Flick test is mobilized or corrected.

5. What is a common error during a plank hold in novice participants and how to fix it?

A. Hips sagging or elevated; cue neutral spine, bracing, and modify by performing on knees or elevating surface.

B. Over-bracing with clenched jaw.

C. Breathing only through one nostril.

D. Holding a breath for the duration.

Maintaining a straight, neutral spine in a plank is essential to properly engage the core. In beginners, the most common error is letting the hips sag or rise, which alters spinal alignment and reduces core engagement. The fix is to cue a neutral spine and a stable brace: imagine tightening the core as if bracing for a punch, keeping the hips in line with the shoulders and feet. If the pelvis still drops or the back arches, reduce the load by performing on the knees or using an elevated surface until you can hold the position with proper alignment. This approach builds correct stabilizer recruitment and protects the lower back. Other issues like jaw clenching, breathing through one nostril, or holding the breath can occur, but they're not the primary fault in novices and are addressed by simply maintaining steady, diaphragmatic breathing and relaxed facial muscles during the hold.

6. Which of the following is NOT a core training principle that underpins most programs?

A. Pain-free range

B. Randomized high-intensity without progression

C. Neutral spine

D. Progressive overload

The key idea here is how training builds capacity safely over time. In most programs you train within a pain-free range to protect joints and irritated tissues, you keep the spine in a neutral position to minimize unnecessary loading, and you apply progressive overload—gradually increasing load, volume, or complexity so the body has time to adapt. Randomized high-intensity without progression goes against these ideas. Without a planned progression, you're asking tissues to adapt too quickly, form and technique can break down under abrupt stress, and the body has little opportunity to strengthen and recover. That approach tends to raise injury risk and blunt gains, so it isn't considered a core principle in how effective training programs are typically built. So, the best answer is the option describing randomized high-intensity without progression because it lacks the orderly progression and safety that underlie successful training programs.

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7. In the beginner dead bug progression, which movement pattern is recommended first?

A. Both limbs moving together

B. Arms and legs moving one limb at a time with opposite limbs

C. Only arms

D. Only legs

The movement pattern that starts with opposite limbs moving together is best because it teaches cross-body coordination while keeping the spine stable. By moving a arm and the opposite leg at the same time, you create a controlled challenge to the torso's stabilizers, enforcing a neutral spine and preventing excessive back movement as you progress. This pattern trains anti-rotation and dissociation between the limbs, which lays a solid foundation for more advanced dead bug variations. Starting with this approach is safer and more effective for beginners than moving both limbs at once, which is harder to control, or moving only one pair of limbs (just arms or just legs), which doesn't promote cross-body coordination as well. Once proper control is established, you can increase complexity in later progressions.

8. Clamshells primarily target which muscle?

A. Tensor fascia lata

B. Posterior glut med

C. Gluteus maximus

D. Anterior glut med

Clamshells are used to strengthen the hip abductors that stabilize the pelvis during movement. When you lie on your side with your knees bent and lift the top knee, the gluteus medius contracts to pull the thigh away from the midline while keeping the pelvis level. The posterior portion of the gluteus medius is especially recruited in this position to control hip stabilization and outward rotation as the leg opens. The tensor fascia lata can assist with abduction but isn't the primary mover here, and the gluteus maximus mainly handles hip extension rather than abduction in this setup. The anterior part of the gluteus medius is less engaged in this specific position. So, the exercise best targets the posterior portion of the gluteus medius.

9. How does diaphragmatic breathing contribute to core stability?

A. It reduces intra-abdominal pressure.

B. It primarily increases lung capacity.

C. It contributes to intra-abdominal pressure coordinating with pelvic floor and transversus abdominis to stiffen the core during load.

D. It warms up the respiratory muscles.

The main concept tested is how diaphragmatic breathing helps stabilize the spine by creating controlled intra-abdominal pressure through coordinated action of the diaphragm with the deep abdominal and pelvic floor muscles. When you breathe with the diaphragm descending on inhalation, the abdomen naturally expands, and if you simultaneously activate the transversus abdominis and pelvic floor, you generate a supportive intra-abdominal pressure that acts like a natural corset. This coordinated stiffening of the trunk helps transfer load and protect the spine during activities like lifting or squatting. The emphasis is on timing and synergy: diaphragmatic movement plus deep abdominal and pelvic floor activation produce the stabilization needed during load. The other ideas miss this coordination—diaphragmatic breathing isn't about reducing pressure, increasing lung capacity is a separate goal, and warming respiratory muscles doesn't directly enhance spinal stability through the core system.

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10. What are key signs the core program is improving in joint stability during daily activities?

A. Reduced pain, improved endurance on endurance tests, ability to maintain neutral spine under load, less compensatory movement

B. Increased pain during activity

C. Decreased endurance

D. More compensatory movement

Improvements in joint stability from a core program show up as better control and endurance during daily tasks. When the core muscles coordinate properly, you can perform activities with less pain, sustain an upright, neutral spine under load for longer periods, and rely less on compensatory movements like unnecessary trunk, hip, or shoulder substitutions. These signs reflect improved neuromuscular control and endurance of the core, which reduces joint stress and supports safe load transfer during movement. Increases in pain, decreased endurance, or more compensatory movement would indicate the stability gains haven't taken hold yet or the program needs adjustment.

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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://ortho3corestabilitytraining.examzify.com

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

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