ORTHOTICS AND PROSTHETICS COMBINED WRITTEN BOARDS PRACTICE EXAM (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. What actions are performed by the pronator teres muscle?

A. Elbow flexion and wrist extension

B. Forearm pronation and assistance in elbow flexion

C. Shoulder abduction and lateral rotation

D. Wrist flexion and stabilization

2. What describes the effect of an injury at the level between T2 and T4?

A. Normal movement of the arms

B. Loss of sensation below the nipples

C. Paralysis of the feet only

D. Weakness in shoulder movement

3. Which condition is best managed with a TLSO that provides sagittal control?

A. L4 disc herniation

B. Kyphosis secondary to osteoporosis

C. Burst fracture of T12

D. Seatbelt fracture of T12

4. Which of the following motions occur at the ankle joint?

A. Rotation

B. Dorsiflexion and plantarflexion

C. Abduction and adduction

D. Inversion only

5. What motor function loss is expected with an anterior interosseous nerve injury?

A. Loss of wrist extension

B. Loss of thumb to tip for pinch

C. Loss of finger abduction

D. Loss of triceps function

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6. What is the effect of an injury at the level between C8 and T1?

A. Loss of movement in all limbs

B. Normal movement of the shoulders and elbows

C. Weakness in finger and hand movements

D. Complete paralysis of the trunk only

7. Where is the appropriate placement of the paraspinal bars for a lumbosacral orthosis?

A. Along the spine at lumbar levels

B. Follow the apices of the paraspinal muscles

C. Above the iliac crest for better support

D. Next to the spinous processes

8. Paralytic equinus during the swing phase is often caused by injury to which nerve?

A. Femoral nerve

B. Common peroneal nerve

C. Tibial nerve

D. Sciatic nerve

9. What muscles are innervated by the deep branch of the common fibular nerve?

A. Fibularis longus and fibularis brevis

B. Tibialis anterior and gastrocnemius

C. Extensor digitorum longus, fibularis tertius, and extensor hallucis longus

D. Extensor hallucis longus and flexor digitorum longus

10. In what direction does recovery typically occur in Guillain-Barre syndrome?

A. Distal to proximal

B. Lateral to medial

C. Proximal to distal

D. Medial to lateral

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Answers

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

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Explanations

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1. What actions are performed by the pronator teres muscle?

A. Elbow flexion and wrist extension

B. Forearm pronation and assistance in elbow flexion

C. Shoulder abduction and lateral rotation

D. Wrist flexion and stabilization

The pronator teres muscle plays a crucial role in forearm movement, particularly in pronation, which is the rotation of the forearm that turns the palm downward. Additionally, this muscle contributes to elbow flexion, particularly when the forearm is in a pronated position. When performing activities that require the forearm to rotate inwards (such as turning a doorknob or handing something with the palm down), the pronator teres activates to facilitate this action. Its synergistic role in assisting elbow flexion highlights its multi-functional capacity, as it can help bend the elbow while simultaneously rotating the forearm. The other options do not accurately represent the primary actions of the pronator teres. For instance, elbow flexion combined with wrist extension does not describe the muscle's actions, as its focus is primarily on forearm pronation and not wrist movements. Similarly, shoulder abduction and lateral rotation pertain to different muscles, and even wrist flexion and stabilization do not relate directly to the functions of the pronator teres. Understanding these details helps clarify the specific actions of the pronator teres and its significance in forearm and elbow dynamics.

2. What describes the effect of an injury at the level between T2 and T4?

A. Normal movement of the arms

B. Loss of sensation below the nipples

C. Paralysis of the feet only

D. Weakness in shoulder movement

An injury at the level between T2 and T4 involves the thoracic spine, which can impact the autonomic and sensory functions of the body. Specifically, this level of injury often leads to the loss of sensation below the nipple level due to the way spinal nerves are organized and function. The T4 level corresponds with the area of innervation for the nipple; thus, an injury at or above this level can eliminate sensation in areas below the nipple, affecting the abdominal region and lower extremities. Injuries at this specific level can also lead to other issues. For instance, while arm movement might be preserved due to the innervation coming from higher cervical levels, there can still be significant dysfunction in other regions due to the loss of lower thoracic innervation. This helps to contextualize why loss of sensation below the nipples is the primary consequence of such an injury.

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3. Which condition is best managed with a TLSO that provides sagittal control?

A. L4 disc herniation

B. Kyphosis secondary to osteoporosis

C. Burst fracture of T12

D. Seatbelt fracture of T12

A thoracic-lumbar-sacral orthosis (TLSO) that provides sagittal control is particularly effective for managing kyphosis secondary to osteoporosis. This condition results from the compression of vertebrae due to weakened bone density, leading to a forward curvature of the spine. A TLSO designed for sagittal control helps to stabilize the thoracic spine, reducing the flexion and promoting an upright posture. By limiting excessive spinal flexion and providing support, the TLSO relieves pain and helps prevent further deformity or fractures that can occur with osteoporosis. The adjustable nature of the TLSO allows for appropriate alignment and support tailored to the individual's needs, effectively managing the progression of kyphosis. In contrast, other conditions like L4 disc herniation typically require a different type of support focused on the lumbar region, while burst fractures may necessitate more comprehensive stabilization that addresses both coronal and sagittal planes of motion. Seatbelt fractures, while traumatic, are often treated with various surgical or conservative measures that are not specifically optimized by a TLSO focusing solely on sagittal control. Therefore, the management of kyphosis secondary to osteoporosis with a TLSO is a more targeted and appropriate intervention.

4. Which of the following motions occur at the ankle joint?

A. Rotation

B. Dorsiflexion and plantarflexion

C. Abduction and adduction

D. Inversion only

The ankle joint primarily allows for two specific movements: dorsiflexion and plantarflexion. Dorsiflexion refers to the movement where the foot is brought closer to the shin, effectively decreasing the angle between the dorsum (top) of the foot and the leg. Conversely, plantarflexion involves pointing the toes away from the shin, increasing the angle between the top of the foot and the leg. This functional capability is essential for various activities such as walking, running, and climbing stairs. While other types of movement may occur in the surrounding joints, such as inversion (the foot rotating inward) and eversion (the foot rotating outward), the primary motions recognized specifically at the ankle joint are dorsiflexion and plantarflexion. This distinct range of motion is crucial for understanding the biomechanics involved in activities that utilize the ankle, making this option the most accurate representation of ankle joint function.

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5. What motor function loss is expected with an anterior interosseous nerve injury?

A. Loss of wrist extension

B. Loss of thumb to tip for pinch

C. Loss of finger abduction

D. Loss of triceps function

The anterior interosseous nerve is a branch of the median nerve, primarily supplying the deep flexor muscles of the forearm, specifically the flexor pollicis longus and the lateral half of the flexor digitorum profundus. When an injury occurs to this nerve, the specific muscle functions it innervates are affected, leading to pinpointed motor function loss. The loss of "thumb to tip for pinch" refers to the inability to perform a pinch grip that requires the opposition of the thumb and the index finger, critical for grasping and manipulating objects. This function is particularly reliant on the action of the flexor pollicis longus, which allows for flexion of the thumb at the interphalangeal joint, and the flexor digitorum profundus for flexing the distal phalanx of the index finger. In other words, when the anterior interosseous nerve is compromised, the coordination required for this precise movement is lost, making it the expected outcome of such an injury. In contrast, the other options relate to different nerve injuries or muscle groups. Loss of wrist extension is associated with a radial nerve injury, loss of finger abduction relates to ulnar nerve impairment affecting the interossei muscles

6. What is the effect of an injury at the level between C8 and T1?

A. Loss of movement in all limbs

B. Normal movement of the shoulders and elbows

C. Weakness in finger and hand movements

D. Complete paralysis of the trunk only

An injury at the level between C8 and T1 primarily affects the lower cervical spinal cord, which is responsible for innervating the muscles of the hands and fingers. This injury typically results in weakness of hand and finger movements due to damage to the lower motor neurons that control these specific muscle groups. While a person may retain normal movement of their shoulders and elbows, as the muscles that govern these movements are controlled by the cervical spinal nerves above the C8-T1 level, the functioning of the fingers becomes compromised. This can lead to difficulties with fine motor skills, gripping, and hand coordination, which are essential for daily activities. In brief, the characteristic manifestation of an injury at this spinal level is weakness in finger and hand movements, while maintaining some degree of function in the upper limbs above this injury site. This underlines the significance of understanding the anatomical and functional correlation of spinal cord injuries in the context of patient assessment and treatment in orthotics and prosthetics.

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7. Where is the appropriate placement of the paraspinal bars for a lumbosacral orthosis?

A. Along the spine at lumbar levels

B. Follow the apices of the paraspinal muscles

C. Above the iliac crest for better support

D. Next to the spinous processes

The appropriate placement of the paraspinal bars for a lumbosacral orthosis is following the apices of the paraspinal muscles. This placement is crucial for several reasons, primarily related to biomechanical support and comfort. Positioning the bars along the apices of the paraspinal muscles allows for optimal control of spinal motion while also providing effective support to the lumbar region. The paraspinal muscles play a vital role in stabilizing the spine, and aligning the orthosis with these muscle apices aids in utilizing the natural muscle torque to maintain spinal alignment. This configuration helps distribute forces more evenly across the back, enhancing both functionality and comfort for the wearer. In contrast, placing the bars solely along the spine at lumbar levels might not take full advantage of the muscle dynamics involved in spinal stabilization. Positioning them above the iliac crest can potentially lead to discomfort and reduced effectiveness because it may not adequately support the lower lumbar area. Setting them next to the spinous processes could also restrict movement excessively and create pressure points, leading to discomfort, which can hinder compliance with wearing the orthosis. Thus, following the apices of the paraspinal muscles ensures that the orthosis achieves its intended purpose of providing stability while allowing for some degree

8. Paralytic equinus during the swing phase is often caused by injury to which nerve?

A. Femoral nerve

B. Common peroneal nerve

C. Tibial nerve

D. Sciatic nerve

Paralytic equinus during the swing phase typically results from dysfunction in the muscles responsible for dorsiflexion of the foot, which are primarily innervated by the common peroneal nerve. When this nerve is injured, the ability to lift the foot during the swing phase is compromised, leading to an inability to achieve neutral ankle positioning. This results in the foot remaining in a plantarflexed position, commonly referred to as equinus deformity. The common peroneal nerve is crucial for controlling the tibialis anterior muscle, which plays a significant role in dorsiflexing the foot and preventing dragging of the toes during ambulation. The impact of the paralysis can lead to a characteristic gait disturbance, where the affected individual compensates for the lack of dorsiflexion, highlighting the importance of the nerve in maintaining proper gait mechanics. Other nerves such as the femoral nerve, tibial nerve, and sciatic nerve serve different functions and primarily affect other muscle groups or movements—such as hip extension and knee flexion—rather than directly influencing the dorsiflexion necessary to prevent equinus during the swing phase. Thus, the common peroneal nerve is the correct focus when diagnosing and understanding the implications of paralytic equinus in

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9. What muscles are innervated by the deep branch of the common fibular nerve?

A. Fibularis longus and fibularis brevis

B. Tibialis anterior and gastrocnemius

C. Extensor digitorum longus, fibularis tertius, and extensor hallucis longus

D. Extensor hallucis longus and flexor digitorum longus

The deep branch of the common fibular nerve primarily innervates muscles located in the anterior compartment of the leg, which are crucial for dorsiflexion and extension of the toes. The correct answer includes the extensor digitorum longus, fibularis tertius, and extensor hallucis longus. The extensor digitorum longus is responsible for extending the second to fifth toes and assisting with dorsiflexion. The fibularis tertius, while it is often considered an accessory muscle, assists in dorsiflexion and eversion of the foot. The extensor hallucis longus extends the big toe and contributes to ankle dorsiflexion as well. These muscles work together to facilitate movements critical for walking and running, particularly in actions such as raising the foot to clear the ground. The involvement of these specific muscles underscores the role of the deep branch of the common fibular nerve in the motor function of the anterior compartment of the leg.

10. In what direction does recovery typically occur in Guillain-Barre syndrome?

A. Distal to proximal

B. Lateral to medial

C. Proximal to distal

D. Medial to lateral

In Guillain-Barre syndrome (GBS), recovery typically occurs in a proximal to distal direction. This pattern is important for understanding the progression and rehabilitation of patients affected by this condition. Guillain-Barre syndrome is characterized by an acute inflammatory demyelinating polyneuropathy that often leads to weakness starting in the distal parts of the body, such as the hands and feet. As the condition resolves, individuals usually regain strength and function first in the proximal muscles, such as those in the shoulders and hips. This recovery pattern reflects the regeneration of myelin and nerve function, where the nerves closest to the central nervous system repair themselves and regain function before those that are farther away. Recognizing this typical direction of recovery helps clinicians set appropriate expectations for patients and tailor rehabilitation strategies, emphasizing strengthening exercises and supportive therapies that account for the anticipated progression from proximal recovery to distal recovery.

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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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