PALPATION PALMER 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. Which option identifies CP in palpation Palmer terminology?

A. Contact hand

B. Stabilization hand

C. Contact point

D. Segmental stabilization point

2. Is the knee raiser test motion passive or active?

A. Active

B. Passive

C. Both active and passive

D. Not specified

3. Which hand is designated the stabilizing hand (SH) during cervical extension palpation?

A. Superior hand

B. Inferior hand

C. Non-dominant hand

D. Dominant hand

4. What is the contact hand (CH) for leg fanning?

A. bilateral

B. unilateral right

C. unilateral left

D. both wrists

5. For Thompson sacral check, which stance or approach is described for the DS?

A. Prone with patient rotated

B. Modified scissor stance on superior portion of table or straight away to contact

C. Seated with hip flexion

D. Lateral decubitus with knee flexed

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6. How should sacroiliac fluid motion present?

A. Joint play unequal

B. Crepitus present

C. Motion limited

D. The SI joint should have joint play equal bilaterally

7. Which structures form the SCP for occiput lateral bending?

A. Occipital condyle and atlas anterior arch

B. Spinous process of C2 and mastoid process

C. Mastoid process and atlas transverse process on the side of lateral bend

D. Temporal bone and axis pedicle

8. Which term best describes the motion used in thoracolumbar rotation?

A. Active

B. Passive

C. Dynamic

D. Isometric

9. Which digit pad is listed as a contact point for cervical lateral bending?

A. pad of 3rd digit (#5)

B. pad of 4th digit (#4)

C. pad of 2nd digit (#6)

D. pad of 5th digit (#3)

10. Which term is not described as a type of palpation?

A. Static palpation

B. Dynamic palpation

C. Motion palpation

D. Tissue palpation

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Answers

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

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Explanations

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1. Which option identifies CP in palpation Palmer terminology?

A. Contact hand

B. Stabilization hand

C. Contact point

D. Segmental stabilization point

In palpation Palmer terminology, CP refers to the contact point—the exact spot of contact on the patient used to feel tissues and landmarks. This is the precise location where you apply pressure to sense texture, contour, and structures, rather than the whole hand making contact or the area used to stabilize. The reason this is the best fit is that palpation relies on a defined point of contact to convey information from the body to your sense of touch. The term "contact hand" describes the entire hand engaged in contact, not the specific touch point itself. The "stabilization hand" is used to hold or stabilize a region so you can palpate more accurately, and the "segmental stabilization point" would refer to where stabilization occurs, not where the palpating contact happens. So the correct identification for CP is the contact point.

2. Is the knee raiser test motion passive or active?

A. Active

B. Passive

C. Both active and passive

D. Not specified

The knee raiser test is about the person actively generating the movement. In this test, the patient is instructed to lift the leg themselves, using voluntary contraction of the hip flexors and related muscles. Since there's no external guidance or movement imposed by the examiner, the motion is classified as active. If the examiner had moved the leg for the patient without the patient contracting the muscles, that would be passive, which is not how this test is performed.

3. Which hand is designated the stabilizing hand (SH) during cervical extension palpation?

A. Superior hand

B. Inferior hand

C. Non-dominant hand

D. Dominant hand

Stabilization is about giving the finger- or hand-touch a fixed reference so you can sense subtle movement and avoid extra motion from the patient. In cervical extension palpation, the hand positioned higher on the neck—closer to the head—acts as the stabilizing hand. This superior hand anchors the head and upper cervical region, keeping the segment steady so the other hand can palpate and gauge the targeted structures (the muscles, joints, or tissue response) without interference from unintended shifts. The stabilizing hand isn't about which is dominant; it's about providing that firm, stable base.

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4. What is the contact hand (CH) for leg fanning?

A. bilateral

B. unilateral right

C. unilateral left

D. both wrists

Leg fanning uses a broad, continuous contact surface to explore the leg, so you use both hands as the contact surface. This bilateral approach provides even pressure and maximum surface contact along the length of the leg, helping you sense subtle differences in texture, temperature, or tissue tension as you move in a fanning motion. A single hand would limit coverage and sensitivity, and the wrists aren't the primary contact surfaces for this palpation technique. Using both hands together aligns with how leg fanning is meant to feel across the entire area.

5. For Thompson sacral check, which stance or approach is described for the DS?

A. Prone with patient rotated

B. Modified scissor stance on superior portion of table or straight away to contact

C. Seated with hip flexion

D. Lateral decubitus with knee flexed

Thompson sacral check relies on using a stance that gives you a stable base and a clear line of contact to sense subtle sacral movement. The described approach—standing in a modified scissor stance on the superior portion of the table (or standing straight to contact)—provides that stability and alignment. This position keeps your body over the contact point, allowing your palpation hand to gently contact the sacrum while your body weight streams through the legs rather than the arms. That helps you feel small shifts in the sacral base or sulci as the patient breathes and enables you to compare the ease and symmetry of motion on both sides. Other stances tend to poor-align the contact, twist the spine awkwardly, or place the hand too far from the sacrum, which reduces sensitivity and can obscure subtle sacral motion.

6. How should sacroiliac fluid motion present?

A. Joint play unequal

B. Crepitus present

C. Motion limited

D. The SI joint should have joint play equal bilaterally

Balanced, symmetric joint play in the sacroiliac joints is expected. The SI joints move only a small amount, and that motion should feel similar on both sides when you assess them. Equal joint play bilaterally indicates normal function and no unilateral restriction or laxity. If one side showed more or less motion than the other, or if the motion were notably restricted, that would point to dysfunction. Crepitus isn't a typical finding in a healthy SI joint, and motion limitation would also suggest a problem. So the best finding is joint play that is equal on both sides.

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7. Which structures form the SCP for occiput lateral bending?

A. Occipital condyle and atlas anterior arch

B. Spinous process of C2 and mastoid process

C. Mastoid process and atlas transverse process on the side of lateral bend

D. Temporal bone and axis pedicle

The movement being assessed is a lateral bend of the occiput around the atlanto-occipital region, so the two bones that form the contact pair for palpation are the structures that align with that articulation on the side of bend. The mastoid process provides a palpable landmark on the temporal bone just behind the occipital area, and the atlas (C1) transverse process on the same side serves as the other contact point. Together, these two points correspond to the two sides of the occipito-atlantal articulation involved in lateral bending, making them the appropriate SCP for this motion.

8. Which term best describes the motion used in thoracolumbar rotation?

A. Active

B. Passive

C. Dynamic

D. Isometric

In palpation of the thoracolumbar region, the motion used is passive. The examiner moves the spine to assess how the joints and connective tissues actually glide and segmentally rotate when no active muscle effort from the patient is involved. This isolates joint motion from muscular activity, so you can feel true end-feel, restrictions, and how the segments move together without muscle guarding or strength altering the motion. If the patient were actively rotating, the muscles would contribute to the movement, which can mask or distort the joint's true mobility and make reliable assessment harder. Isometric or purely actively driven concepts aren't describing the motion in this rotation test, since rotation is being evaluated as a movable joint action rather than a muscle-held or static state.

9. Which digit pad is listed as a contact point for cervical lateral bending?

A. pad of 3rd digit (#5)

B. pad of 4th digit (#4)

C. pad of 2nd digit (#6)

D. pad of 5th digit (#3)

The contact point chosen for cervical lateral bending is the pad of the index finger because it provides precise, sensitive feedback needed to feel subtle changes in the neck region. The index finger's pad is small and controllable, allowing you to track how the cervical vertebrae and surrounding tissues move or tighten as the neck bends sideways. This precision helps you detect slight asymmetries, joint movement, and tissue resistance that larger finger pads from the other digits would likely blur or compress too much. So, using the pad of the index finger gives the clearest, most reliable sense of what's happening during lateral bending.

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10. Which term is not described as a type of palpation?

A. Static palpation

B. Dynamic palpation

C. Motion palpation

D. Tissue palpation

Palpation practice is typically organized into clear categories that describe how you assess with your hands: static palpation, motion palpation, and tissue palpation. Static palpation means feeling tissues at rest to judge texture, temperature, moisture, and general tenderness without any movement. Motion palpation examines how structures move relative to one another, looking at how soft tissues and joints glide, end feel, and any movement restrictions during controlled movement. Tissue palpation focuses on the quality of the soft tissues themselves—things like swelling, edema, fibrosis, or localized tenderness. The term that isn't described as its own separate type is dynamic palpation. In many curricula, palpation during movement is considered part of motion palpation rather than a distinct category. So the standard, separate types are static, motion, and tissue palpation, while dynamic palpation is not listed as a separate category.

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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://palpitationpalmer.examzify.com

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

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