PPC/OMM BLOCK 6 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://ppcommblock6.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Among patients with pelvic/abdominal trauma, what is a common subconscious physical effect?

A. Increased diaphragmatic motion

B. Pelvic floor hypertonicity

C. Full abdominal motion

D. Dissociation from regions that experienced trauma

2. Which hormones promote growth of ovarian follicles and production of estradiol in females?

A. LH alone

B. FSH alone

C. FSH and LH

D. Testosterone

3. Left on left axis; a seated flexion test is negative; the sacral bases are both shallow and the ILAs are both deep. What is the diagnosis?

A. Left-on-left torsion

B. Right-on-right torsion

C. Bilateral extension

D. Bilateral flexion

4. In late adolescence (SMR 5), main focus?

A. Consolidation of sexual identity

B. Long term partnerships important, intimacy, commitment

C. Relatively stable body image

D. Idealistic thought, absolutism

5. Newborn screening is drawn after at least how many hours of life?

A. 12 hours

B. 6 hours

C. 24 hours

D. 48 hours

SAMPLE

6. Which statement is true about a sacral torsion that is labeled 'Right on Left'?

A. Right oblique axis

B. Left oblique axis

C. Horizontal axis

D. Vertical axis

7. After labor and delivery, which somatic dysfunctions should be evaluated?

A. Lingering somatic dysfunctions, including hyperlordosis left from pregnancy

B. Acute ankle sprain

C. Migraine headaches

D. Carpal tunnel syndrome

8. Which ethnicity-related statement correctly reflects prostate cancer risk?

A. White men have the highest risk, followed by Black and Asian

B. Hispanic men highest risk

C. Asian men have the highest risk

D. Black men have higher risk than White men, who have higher risk than Asian men

9. Besides differences in treatment options, what is another reason to refer a patient elsewhere for OMM?

A. The clinic's schedule is full

B. The patient cannot afford the visit

C. The patient may do better with a physician of a different gender, culture, race, or demographic factor

D. The patient wants a longer session

10. The anterior Chapman point of the adrenal glands is located where?

A. 2-2.5 inches superior and 1 inch lateral to umbilicus bilaterally

B. 3-4 inches superior to the umbilicus

C. 1 inch inferior and 2 inches medial to umbilicus

D. at T12 vertebral level near spine

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Among patients with pelvic/abdominal trauma, what is a common subconscious physical effect?

A. Increased diaphragmatic motion

B. Pelvic floor hypertonicity

C. Full abdominal motion

D. Dissociation from regions that experienced trauma

Subconscious protective dissociation from the region that experienced trauma is a common response after pelvic or abdominal injuries. The brain may distance awareness from the traumatized area as a coping mechanism to reduce overwhelm and pain, leading to numbness or a sense of detachment in that region. This is a protective, automatic process, not a voluntary action. Other options don't fit this typical trauma response: changes in diaphragmatic motion or full abdominal motion relate to breathing or general movement, not a region-specific dissociative coping mechanism. Pelvic floor hypertonicity is a muscle-tightness issue, not a common subconscious dissociative effect after trauma.

2. Which hormones promote growth of ovarian follicles and production of estradiol in females?

A. LH alone

B. FSH alone

C. FSH and LH

D. Testosterone

Growth and estrogen production in the developing ovarian follicle rely on both FSH and LH working together in different cell types of the follicle. FSH acts on granulosa cells to stimulate their proliferation and, crucially, to increase aromatase activity. Aromatase converts androgens into estradiol, so this hormone directly drives the production of estradiol as the follicle matures. LH, on the other hand, acts on the theca interna cells to produce androgens such as androstenedione. These androgens then serve as the substrate for the granulosa cells to convert into estradiol under the influence of FSH-enhanced aromatase. Without LH, the substrate for estrogen synthesis would be limited; without FSH, granulosa cells wouldn't proliferate or efficiently produce estrogen. So, the growth of follicles and their estradiol production depend on the cooperative action of both hormones: FSH expanding the follicle and promoting estrogen synthesis, and LH supplying the androgen substrates that become estradiol.

3. Left on left axis; a seated flexion test is negative; the sacral bases are both shallow and the ILAs are both deep. What is the diagnosis?

A. Left-on-left torsion

B. Right-on-right torsion

C. Bilateral extension

D. Bilateral flexion

Interpreting sacral motion dysfunction from how the sacral sulci and ILAs present together with the seated flexion test is key here. A negative seated flexion test means there isn't a sacral torsion along an oblique axis. When both sacral bases are shallow and both ILAs are deep, that pattern fits a sacrum that's extended on a bilateral basis: the base sits more posteriorly (shallow on palpation) and the posterior ilia accommodate with deeper ILAs. In contrast, bilateral flexion would show the opposite pattern (bases deep and ILAs shallow). So, the combination described points to bilateral sacral extension.

SAMPLE

4. In late adolescence (SMR 5), main focus?

A. Consolidation of sexual identity

B. Long term partnerships important, intimacy, commitment

C. Relatively stable body image

D. Idealistic thought, absolutism

Late adolescence centers on establishing intimate, long-term relationships and making commitments. After identity is formed, the emphasis shifts to closeness with others, exploring romantic partnerships, and considering lifelong connections such as marriage or lasting commitments. This shift reflects the move into intimate bonding as a central life task, building trust, affection, and a sense of partnership that can endure over time. While other aspects like sexual identity, body image, or abstract thinking remain relevant, they're not the primary focus at this stage; sexual identity tends to be clarified earlier, body image becomes less central as individuals mature, and thinking moves toward greater nuance rather than rigid absolutism.

5. Newborn screening is drawn after at least how many hours of life?

A. 12 hours

B. 6 hours

C. 24 hours

D. 48 hours

The timing of newborn screening is about getting reliable results by letting metabolic markers stabilize after birth. In the first hours, rapid changes in physiology and feeding, plus maternal influences, can skew the test results. Waiting at least 24 hours allows these markers to reach detectable, stable levels, reducing false positives or negatives. While many programs also accept collection up to 48 hours for even more accuracy, the minimum time to ensure a dependable screen is 24 hours. If screening occurs earlier than that, a repeat test is commonly required to confirm results.

6. Which statement is true about a sacral torsion that is labeled 'Right on Left'?

A. Right oblique axis

B. Left oblique axis

C. Horizontal axis

D. Vertical axis

Right on Left means the sacrum twists to the right about the left oblique axis. In sacral torsions, the direction of rotation (Right or Left) is paired with the axis (Left oblique or Right oblique) around which the sacrum rotates. Since the rotation is on the left oblique axis, the axis involved is the left oblique axis. The other options describe either a different oblique axis or non-torsional sacral motions (horizontal or vertical axes relate to flexion/extension patterns, not torsions).

SAMPLE

7. After labor and delivery, which somatic dysfunctions should be evaluated?

A. Lingering somatic dysfunctions, including hyperlordosis left from pregnancy

B. Acute ankle sprain

C. Migraine headaches

D. Carpal tunnel syndrome

Pregnancy and delivery cause lasting changes in body mechanics that can develop into somatic dysfunctions. The most common example is persistent postural change, such as increased lumbar lordosis and pelvic tilt that began during pregnancy and can remain after birth. This kind of lingering dysfunction affects the pelvis, sacrum, and lower spine, and is often responsible for ongoing back pain or pelvic misalignment. Evaluating and treating these post-delivery somatic dysfunctions helps restore balanced motion, reduce compensatory strain, and support recovery. Acute injuries like an ankle sprain are separate, new events to manage. Migraine headaches and carpal tunnel syndrome can occur around pregnancy, but they aren't the typical postpartum somatic dysfunctions that osteopathic assessment targets first, which is why the emphasis is on lingering postural and pelvic/vertebral dysfunctions from the pregnancy period.

8. Which ethnicity-related statement correctly reflects prostate cancer risk?

A. White men have the highest risk, followed by Black and Asian

B. Hispanic men highest risk

C. Asian men have the highest risk

D. Black men have higher risk than White men, who have higher risk than Asian men

Prostate cancer risk varies by ethnicity, with Black men having the highest risk, White men a lower risk, and Asian men the lowest. Hispanic or Latino men typically have lower incidence than non-Hispanic White men, so the idea that Hispanic men carry the highest risk isn't supported by the usual data. The pattern to remember is: Black men > White men > Asian men. This difference arises from a mix of genetic factors, lifestyle and environmental influences, and disparities in screening and access to care, which can impact both detection and outcomes.

9. Besides differences in treatment options, what is another reason to refer a patient elsewhere for OMM?

A. The clinic's schedule is full

B. The patient cannot afford the visit

C. The patient may do better with a physician of a different gender, culture, race, or demographic factor

D. The patient wants a longer session

Matching the provider to the patient's comfort and preferences matters in OMM. Beyond the techniques or treatment options available, a patient who feels at ease with their clinician's gender, culture, race, or other demographic factors is more likely to communicate openly, trust recommendations, and stay engaged in the treatment plan. This therapeutic alliance can enhance assessment accuracy, adherence, and overall outcomes, which is why referring to someone who better aligns with the patient's comfort can be important. The other options describe logistical or access issues (like scheduling, cost, or desire for a longer session) rather than the interpersonal dynamic that can influence care quality.

SAMPLE

10. The anterior Chapman point of the adrenal glands is located where?

A. 2-2.5 inches superior and 1 inch lateral to umbilicus bilaterally

B. 3-4 inches superior to the umbilicus

C. 1 inch inferior and 2 inches medial to umbilicus

D. at T12 vertebral level near spine

Chapman points are superficial somatic sites used in osteopathic assessment and treatment to reflect visceral states. The adrenal glands' anterior Chapman point is bilateral and located about 2 to 2.5 inches above the umbilicus and 1 inch to the side of the midline. This specific location matches the typical surface map for the adrenal glands and explains why the point is felt on both sides of the abdomen, not directly atop the umbilicus or near the spine. The other options place the point in positions that do not correspond to the adrenal anterior Chapman map—for example, too far above the umbilicus, too medial, or at the spine—so they don't align with the recognized adrenal anterior Chapman point.

SAMPLE

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://ppcommblock6.examzify.com

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

SAMPLE