PPC/OMM BLOCK 8 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 organ is part of the midgut?

A. Proximal duodenum

B. Liver

C. Spleen

D. Distal duodenum

2. Which thoracic dermatome corresponds to the umbilicus?

A. T9

B. T11

C. T10

D. T8

3. Which term describes degenerative changes of the spine?

A. Degenerative changes of the spine

B. Pars interarticularis fracture

C. Anterior displacement

D. Infection

4. The bounce test is used to assess which structure, with a positive result indicating pain?

A. IT Band Syndrome

B. Meniscal Integrity

C. Patellar Tendinopathy

D. ACL Integrity

5. Which ligament prevents excess ankle pronation?

A. ATFL

B. Deltoid ligament

C. CFL

D. PTFL

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6. If the sphenoid and occiput both rotate left in a lateral cranial strain, what happens to the basiphenoid?

A. It is displaced to the right

B. It is displaced to the left

C. It remains centered

D. It displaces superiorly

7. Which nerves pass through the internal acoustic meatus?

A. Abducens (VI) and Trigeminal (V)

B. Optic (II) and Oculomotor (III)

C. Facial (VII) and Vestibulocochlear (VIII)

D. Glossopharyngeal (IX) and Vagus (X)

8. The subclavian artery runs between which two scalene muscles?

A. Middle and posterior scalene

B. Anterior and middle scalene

C. Anterior and posterior scalene

D. Between sternocleidomastoid and anterior scalene

9. The anterior Chapman point for the middle ear is located at the superior aspect of the clavicles just lateral to the junction with which rib?

A. Inferior to the Medial Clavicle

B. Superior Aspect of Clavicles Just Lateral to the Junction with 1st Rib

C. Between Rib 1 and 2 Adjacent to the Sternum

D. On the Middle Ear Near Clavicle

10. Which sign indicates hip abductor weakness during single-leg stance?

A. Positive Trendelenburg sign

B. Lachman test

C. McMurray test

D. Phalen sign

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Answers

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

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Explanations

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1. Which organ is part of the midgut?

A. Proximal duodenum

B. Liver

C. Spleen

D. Distal duodenum

The midgut is the portion of the gut tube that starts after the point where the bile and pancreatic ducts enter the duodenum. It includes the distal half of the duodenum, all of the jejunum and ileum, and parts of the large intestine up to the proximal two-thirds of the transverse colon. So the distal portion of the duodenum falls into the midgut. The proximal duodenum is derived from the foregut, and organs like the liver and spleen are also foregut derivatives. That's why the distal duodenum is the correct midgut organ among the options.

2. Which thoracic dermatome corresponds to the umbilicus?

A. T9

B. T11

C. T10

D. T8

Dermatomes are skin areas supplied by a single spinal nerve. On the thorax, these zones run in horizontal bands across the trunk, and you can memorize a few key landmarks: the nipple is near the T4 level, and the umbilicus sits at the T10 level, with the groin around T12. So the skin around the navel corresponds to the T10 dermatome. If a T10 nerve root were affected, sensory changes would be expected around the umbilical region. The other levels sit higher or lower than the umbilicus (T8/T9 higher up, T11 lower), so they don't map to the umbilicus.

3. Which term describes degenerative changes of the spine?

A. Degenerative changes of the spine

B. Pars interarticularis fracture

C. Anterior displacement

D. Infection

Degenerative changes of the spine describe wear-and-tear alterations in the spinal structures over time, such as disc height loss, endplate changes, osteophyte formation, and facet joint degeneration. This term directly labels the chronic, non-inflammatory process of degeneration, which is distinct from other spine problems like fractures of the pars interarticularis, vertebral slipping (spondylolisthesis), or infection (discitis/osteomyelitis). In practice, this degenerative process is also often called spondylosis or degenerative disc disease, but the phrase given matches exactly what is being described here.

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4. The bounce test is used to assess which structure, with a positive result indicating pain?

A. IT Band Syndrome

B. Meniscal Integrity

C. Patellar Tendinopathy

D. ACL Integrity

The bounce home test targets the meniscus. During the test, the knee is flexed and then guided into extension; in a normal knee the movement is smooth and full. If a meniscal tear is present, especially in the posterior horn, the torn piece can block full extension and cause the joint to "bounce" back with a painful, rubbery end feel or a painful catching sensation. A positive result with pain points to meniscal pathology rather than injury to ligaments or tendons, which are better assessed with other maneuvers. For example, injuries like ACL tears, patellar tendinopathy, or IT band syndrome are identified with different tests that target those structures.

5. Which ligament prevents excess ankle pronation?

A. ATFL

B. Deltoid ligament

C. CFL

D. PTFL

The main idea is understanding which ligament provides medial stability to prevent the foot from rolling inward (pronation) at the ankle. Pronation involves eversion of the foot, and the deltoid ligament on the medial side is a strong, broad complex that resists eversion and external rotation of the talus. By doing so, it limits excessive pronation and keeps the ankle mortise stable. The lateral ligaments (anterior talofibular, calcaneofibular, posterior talofibular) mainly protect against inversion, not eversion. So the deltoid ligament is the best restraint against excess ankle pronation.

6. If the sphenoid and occiput both rotate left in a lateral cranial strain, what happens to the basiphenoid?

A. It is displaced to the right

B. It is displaced to the left

C. It remains centered

D. It displaces superiorly

In lateral cranial strains, the sphenobasilar synchondrosis experiences a lateral shear, and the anterior portion of that joint—the basiphenoid—tends to move opposite to the direction of the rotation of the sphenoid and occiput. When both the sphenoid and occiput rotate to the left, the mechanics of this shear pull the basiphenoid to the right. That opposite movement at the anterior joint is what you're seeing here. So the basiphenoid being displaced to the right aligns with the way the SBS adapts to a leftward rotation of the posterior bones. The other options don't fit this pattern: a leftward shift would imply the opposite relation to the rotations, remaining centered would ignore the lateral strain, and moving superiorly isn't characteristic of this pattern.

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7. Which nerves pass through the internal acoustic meatus?

A. Abducens (VI) and Trigeminal (V)

B. Optic (II) and Oculomotor (III)

C. Facial (VII) and Vestibulocochlear (VIII)

D. Glossopharyngeal (IX) and Vagus (X)

The nerves that pass through the internal acoustic meatus are the facial nerve and the vestibulocochlear nerve, with the labyrinthine artery accompanying them. This short, bony passage in the temporal bone carries these two nerves from the inner ear region toward the brainstem. The facial nerve supplies muscles of facial expression and carries some taste fibers, while the vestibulocochlear nerve handles hearing and balance from the inner ear. Because of their shared passageway, they're the ones associated with the internal acoustic meatus. The other nerves listed use different routes: the optic nerve goes through the optic canal; oculomotor, trochlear, and abducens pass routes associated with the superior orbital fissure or other openings; and glossopharyngeal and vagus travel via the jugular foramen. Trigeminal branches pass through multiple openings as well, but not the internal acoustic meatus.

8. The subclavian artery runs between which two scalene muscles?

A. Middle and posterior scalene

B. Anterior and middle scalene

C. Anterior and posterior scalene

D. Between sternocleidomastoid and anterior scalene

The key idea is where the subclavian artery sits as it travels from the chest up toward the arm. It moves through the groove formed by the scalene muscles, specifically between the front (anterior) scalene and the middle scalene. This interscalene space is the pathway the artery follows as it reaches the first rib and continues as the axillary artery. So, the subclavian artery runs between the anterior scalene and the middle scalene (scalenus medius). The other options place it in different, less accurate relationships (for example, near the sternocleidomastoid or between the anterior and posterior scalene), which isn't the typical course of the artery.

9. The anterior Chapman point for the middle ear is located at the superior aspect of the clavicles just lateral to the junction with which rib?

A. Inferior to the Medial Clavicle

B. Superior Aspect of Clavicles Just Lateral to the Junction with 1st Rib

C. Between Rib 1 and 2 Adjacent to the Sternum

D. On the Middle Ear Near Clavicle

Chapman points are surface reflexes used in OMM that map to specific visceral functions. For the middle ear, the anterior Chapman point is found on the chest wall, at the superior aspect of the clavicle, just lateral to the junction with the first rib (the costoclavicular area). This location corresponds to the autonomic and lymphatic pathways influencing the ear, so addressing this point with soft tissue techniques can help modulate middle-ear function. So the correct site is on the superior clavicle near the first rib junction; other suggested spots don't match the established ear point mapping and wouldn't target the same reflex pattern.

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10. Which sign indicates hip abductor weakness during single-leg stance?

A. Positive Trendelenburg sign

B. Lachman test

C. McMurray test

D. Phalen sign

Hip abductors on the weight-bearing leg must contract to keep the pelvis level during single-leg stance. If these muscles are weak, the pelvis tilts downward toward the opposite (non–weight-bearing) side. That drop of the pelvis on the swing side is the positive Trendelenburg sign, signaling hip abductor weakness (usually the gluteus medius/minimus). The other signs listed test knee or wrist issues, not hip abductor function, so they don't indicate this weakness.

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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://ppcommblock8.examzify.com

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

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