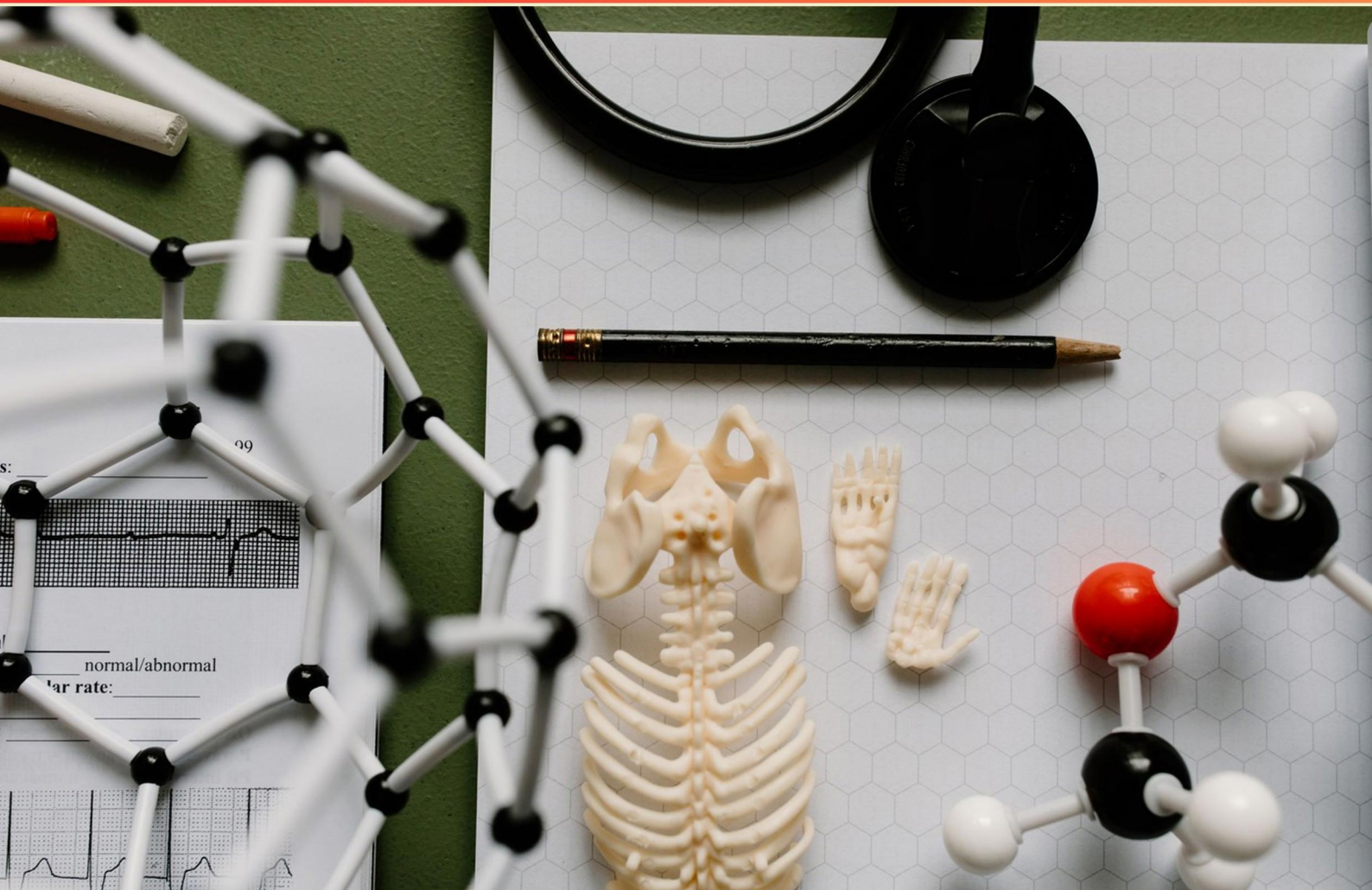


SHOULDER SPECIAL PRACTICE TEST (SAMPLE)

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.

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!

Questions

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- 1. The AC shear test is performed by which maneuver?**
 - A. Cup both hands on the shoulder and interlock, applying a horizontal shear across the AC joint
 - B. Provide downward traction to the humerus
 - C. Resist horizontal abduction at the elbow
 - D. Elevate the arm to test for impingement
- 2. Which test uses an axial load with the humerus rotated internally and externally on a supine arm abducted between 20 and 90 degrees?**
 - A. O'Brien Test
 - B. Biceps Load II Test
 - C. Crank Test
 - D. Biceps Load I Test
- 3. Internal rotation lag sign indicates tear of which muscle?**
 - A. Infraspinatus
 - B. Subscapularis
 - C. Supraspinatus
 - D. Teres minor
- 4. Tenodesis is generally preferred for which patient profile?**
 - A. Younger, active patients
 - B. Older, low-demand patients
 - C. Patients with SLAP/ pulley involvement
 - D. Patients with rapid recovery expectations
- 5. Which scapular test involves manual retraction and stabilization of the scapula in a posterior tilt and slight retraction position?**
 - A. Scapular Stabilization Test
 - B. Scapular Repositioning Test
 - C. Scapular Dyskinesis Test
 - D. Scapular Assist Test

- 6. The Rockwood test for anterior instability involves external rotation at which abduction angles?**
- A. 45, 90, and 120 degrees
 - B. 0, 45, and 90 degrees
 - C. 30, 60, and 90 degrees
 - D. 60, 90, and 120 degrees
- 7. What is the general sequence of postoperative rehabilitation after shoulder arthroscopy?**
- A. Early immobilization followed by gradual progression from passive to active ROM; delayed resisted strengthening; emphasis on scapular stabilization and gradual return to function
 - B. No immobilization and immediate full ROM
 - C. Prolonged immobilization with no ROM
 - D. Immediate strengthening and return to sport
- 8. Which test is not typically used to assess subscapularis tear?**
- A. Bear hug
 - B. Belly press
 - C. Lift-off
 - D. Patte sign
- 9. The Mimori pain provocation test is performed with the arm abducted to 90 degrees, the elbow flexed to 90 degrees, and the forearm moved from max supination to max pronation while maintaining 90/90. This describes which test?**
- A. Mimori pain provocation test
 - B. Speed's test
 - C. Yergason's test
 - D. O'Brien's test
- 10. The test performed by passively abducting the arm to 90 degrees and then asking the patient to slowly lower it to the side is known as which test?**
- A. Scapular Dyskinesis Test
 - B. Drop Arm Test
 - C. Lateral Scapular Slide Test
 - D. Wall Push Up Test

Answers

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

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Explanations

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1. The AC shear test is performed by which maneuver?

- A. Cup both hands on the shoulder and interlock, applying a horizontal shear across the AC joint
- B. Provide downward traction to the humerus
- C. Resist horizontal abduction at the elbow
- D. Elevate the arm to test for impingement

The test is about evaluating instability or injury at the acromioclavicular (AC) joint by applying a horizontal shear across the joint. The AC joint connects the clavicle to the acromion, and its stability depends on the AC ligaments and the coracoclavicular ligaments. By cupping both hands on the shoulder and interlocking, the examiner can stabilize the area and deliver a horizontal shear force across the AC joint, effectively testing how well the joint holds together. If there's AC joint sprain or separation, this maneuver will reproduce pain and/or show abnormal movement at the joint. Other maneuvers don't isolate the AC joint. Downward traction on the humerus stresses the glenohumeral joint and its soft tissues, not the AC joint. Resisting horizontal abduction at the elbow targets elbow or shoulder girdle mechanics differently, and elevating the arm to provoke impingement assesses the subacromial space rather than AC joint stability.

2. Which test uses an axial load with the humerus rotated internally and externally on a supine arm abducted between 20 and 90 degrees?

- A. O'Brien Test
- B. Biceps Load II Test
- C. Crank Test
- D. Biceps Load I Test

When a SLAP lesion is suspected, loading the long head of the biceps through the superior labrum while the shoulder is in a position that tensions that structure helps reproduce symptoms if the labrum is damaged. The Biceps Load I Test does exactly this: the patient lies supine, the arm is abducted within about 20 to 90 degrees, the elbow is flexed around 90 degrees, and the examiner applies an axial load through the humerus by resisting elbow flexion, sometimes adding internal and external rotation to increase tension on the biceps-labral attachment. If this resisted contraction elicits pain in the shoulder, it suggests a tear of the superior labrum linked to the biceps anchor. This direct loading of the biceps-labral complex under controlled shoulder abduction is what makes this test the best match for the described maneuver.

3. Internal rotation lag sign indicates tear of which muscle?

- A. Infraspinatus
- B. Subscapularis
- C. Supraspinatus
- D. Teres minor

Internal rotation lag sign is used to detect subscapularis tears, since the subscapularis is the primary internal rotator of the humerus. In this test, the patient places the hand behind the back (in internal rotation) and the examiner externally rotates the shoulder while the patient tries to maintain that internal rotation. If the subscapularis tendon is torn, the patient cannot hold the internally rotated position and the arm lags into external rotation. This failure to maintain internal rotation indicates subscapularis dysfunction. Other signs point to other muscles, while this specific lag sign is most characteristic of subscapularis pathology.

4. Tenodesis is generally preferred for which patient profile?

- A. Younger, active patients**
- B. Older, low-demand patients
- C. Patients with SLAP/ pulley involvement
- D. Patients with rapid recovery expectations

The main idea here is choosing a biceps tendon procedure based on the patient's functional demands. Tenodesis is favored in younger, active patients because reattaching the long head of the biceps to the humerus preserves both the cosmetic appearance and the functional strength of the biceps for high-demand activities. This helps avoid deformity (a Popeye-looking contour) and cramping, which are more concerning for someone who relies on shoulder and elbow strength in sports or labor. In contrast, older, low-demand patients often do well with tenotomy, which is simpler and typically allows a quicker initial recovery with less surgical time. If a patient expects rapid overall recovery, tenotomy again tends to be more favorable due to its faster rehab. For cases involving SLAP or pulley pathology, management decisions can vary, but the broad rule remains: higher functional demands steer toward tenodesis to maintain long-term biceps function and appearance. So, tenodesis is generally best for younger, active individuals because it offers durable function and better cosmetic results essential for those pursuing high-demand activities.

5. Which scapular test involves manual retraction and stabilization of the scapula in a posterior tilt and slight retraction position?

- A. Scapular Stabilization Test
- B. Scapular Repositioning Test**
- C. Scapular Dyskinesis Test
- D. Scapular Assist Test

The test focuses on whether changing the scapula's position can relieve shoulder symptoms, indicating that scapular dyskinesis is contributing to the problem. In this procedure, the clinician manually retracts and stabilizes the scapula while placing it in a posterior tilt with a slight retraction. The patient then moves the arm as usual (often through elevation). If pain or functional limitation decreases when the scapula is held in that retracted, posteriorly tilted position, it suggests that abnormal scapular motion or position is driving the symptoms and that optimizing scapular mechanics could improve function. This approach is different from tests that simply observe motion or that provide only a brief assist during elevation. The scapular repositioning test specifically tests the effect of placing the scapula into a more favorable position to reduce symptoms, which is why it is the best choice here.

6. The Rockwood test for anterior instability involves external rotation at which abduction angles?

- A. 45, 90, and 120 degrees**
- B. 0, 45, and 90 degrees
- C. 30, 60, and 90 degrees
- D. 60, 90, and 120 degrees

The concept this test relies on is how anterior instability of the shoulder is most effectively provoked by stressing the anteroinferior capsule and labrum as the arm is moved into external rotation across specific abduction angles. In the Rockwood anterior instability test, you bring the arm into external rotation at low, mid, and high abduction to stress the anterior structures in progressively different positions. The chosen angles—45 degrees, 90 degrees, and 120 degrees—cover a range from lower to end-range abduction, each position placing the anterior capsule and labrum under tension in a way that can reproduce apprehension or symptoms if instability or a labral tear is present. Other angles, like neutral or 60 degrees of abduction, don't consistently stress the same anterior structures in the same provocative way, so they aren't the standard angles used for this test.

7. What is the general sequence of postoperative rehabilitation after shoulder arthroscopy?

- A. Early immobilization followed by gradual progression from passive to active ROM; delayed resisted strengthening; emphasis on scapular stabilization and gradual return to function**
- B. No immobilization and immediate full ROM
- C. Prolonged immobilization with no ROM
- D. Immediate strengthening and return to sport

The main idea is that rehab after shoulder arthroscopy is staged to protect the repair while gradually restoring motion and strength. In the early period the joint is protected with immobilization to minimize strain on healing tissues and to control pain and swelling. As healing progresses, the plan moves from passive range of motion to active-assisted and then active range of motion, carefully increasing movement without stressing the repaired structures. Only after motion has been regained and healing is sufficient is strengthening started, with a focus on gradually loading the rotator cuff and periscapular muscles. Scapular stabilization is emphasized throughout to restore proper shoulder mechanics and prevent impingement or recurrence of problems. The overall goal is a careful, progressive return to normal function. Other approaches are not aligned with how healing tissues respond. No immobilization and immediate full ROM risks re-injury or failure of the repair. Prolonged immobilization with no ROM can lead to stiffness and loss of range. Immediate strengthening and sport return too soon can overload healing tissues and undermine the repair, delaying or preventing full recovery.

8. Which test is not typically used to assess subscapularis tear?

- A. Bear hug
- B. Belly press
- C. Lift-off
- D. Patte sign**

Subscapularis tear is evaluated with tests that specifically challenge internal rotation and the anterior rotator cuff. The bear hug, belly press, and lift-off tests all isolate the subscapularis by requiring it to generate internal rotation and stabilize the humeral head against resistance; weakness or inability to perform these maneuvers points to a subscapularis tear. Patte sign, on the other hand, is used to assess posterior-superior rotator cuff pathology (involving the supraspinatus/infraspinatus region) rather than the subscapularis. Because it doesn't target the subscapularis, it isn't typically used to diagnose a subscapularis tear. So, the test not typically used to assess subscapularis tear is the Patte sign.

9. The Mimori pain provocation test is performed with the arm abducted to 90 degrees, the elbow flexed to 90 degrees, and the forearm moved from max supination to max pronation while maintaining 90/90. This describes which test?

- A. Mimori pain provocation test**
- B. Speed's test
- C. Yergason's test
- D. O'Brien's test

This test is about provoking the long head of the biceps tendon by stressing it through forearm rotation in a specific shoulder position. The arm is held with the shoulder abducted to 90 degrees and the elbow flexed to 90, keeping that 90/90 alignment, while the forearm moves from maximum supination to maximum pronation. This rotation changes the tension on the biceps tendon as it sits in the bicipital groove. If this movement reproduces pain in the shoulder or specifically in the bicipital groove, it suggests pathology of the long head of the biceps tendon, such as tendinopathy or tenosynovitis. Other tests in this group involve different ways of stressing the biceps tendon or detecting related pathology: Speed's test places the tendon under tension with resisted forward flexion and a fully supinated forearm; Yergason's test stresses the tendon within the groove by resisted forearm supination with the elbow flexed; O'Brien's test targets possible labral tears. The described dynamic forearm rotation in 90/90 is characteristic of the Mimori pain provocation test.

10. The test performed by passively abducting the arm to 90 degrees and then asking the patient to slowly lower it to the side is known as which test?

- A. Scapular Dyskinesis Test
- B. Drop Arm Test**
- C. Lateral Scapular Slide Test
- D. Wall Push Up Test

This maneuver tests the rotator cuff, especially the supraspinatus, by checking how well the shoulder can control a descent from a raised position. The examiner passively lifts the arm to about 90 degrees of abduction in the scapular plane, then asks the patient to slowly lower it to the side. In a normal shoulder, the rotator cuff and deltoid work together to allow a smooth, controlled lowering. If the arm drops abruptly or the patient has pain or cannot control the descent, it suggests a rotator cuff tear or significant supraspinatus weakness. This differs from the other tests, which focus on scapular motion or position rather than the controlled lowering described here.

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://shoulderspecial.examzify.com>

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

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