TOTAL HIP ARTHROPLASTY (THA) COMPETENCY 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 role does occupational therapy play post-THA?

A. It helps patients adapt their environments and regain the ability to perform daily activities

B. It provides pain management strategies

C. It focuses solely on strength training

D. It offers nutritional advice after surgery

2. Is the femur express workflow more accurate than the enhanced femoral workflow?

A. True

B. False

3. Which is the best way to check if the cup has moved while putting the screws in?

A. Reduction results

B. Center of rotation

C. Cup plane

D. Broach tracking

4. When is the smart checkpoint workflow activated?

A. When the surgery begins

B. When you register the robotic arm post-operatively

C. When you register the robotic arm pre-operatively

D. When the reamer is powered on

5. What is the typical recovery time post-THA?

A. 1 to 2 months

B. 3 to 6 months for full activity

C. 6 to 12 months with gradual improvement

D. 1 year or more depending on patient health

6. Is it acceptable for the surgeon to stop impacting the cup if they verify visibly that the cup is fully seated?

A. True

B. False

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7. Your surgeon is reaming and becomes concerned when he begins to see the white turn to red on the bone model. You can alleviate his concern by telling him that he has only reamed _____ mm past plan.

A. 2.3

B. 1

C. 0.5

D. 2

8. What is an appropriate home modification for recovery from Total Hip Arthroplasty?

A. Installing a bidet for personal hygiene

B. Using assistive devices like grab bars in the bathroom

C. Removing all furniture to create open space

D. Securing all electrical cords under rugs

9. When can patients typically resume driving after THA?

A. Immediately after surgery

B. Within 1 to 2 weeks after surgery

C. Within 4 to 6 weeks after surgery

D. After 3 months of recovery

10. What is the primary function of the acetabular cup during Total Hip Arthroplasty?

A. To hold the femoral head

B. To stabilize the pelvis

C. To prevent dislocation

D. To facilitate movement in the joint

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Answers

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

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Explanations

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1. What role does occupational therapy play post-THA?

A. It helps patients adapt their environments and regain the ability to perform daily activities

B. It provides pain management strategies

C. It focuses solely on strength training

D. It offers nutritional advice after surgery

Occupational therapy plays a crucial role in post-total hip arthroplasty (THA) recovery by helping patients adapt their environments and regain the ability to perform daily activities. After a THA, individuals may face challenges in basic tasks such as dressing, bathing, and mobility due to pain, reduced range of motion, or post-surgical precautions. Occupational therapists assess these challenges and work with patients to develop tailored strategies that can enhance independence and improve quality of life. This rehabilitation process often includes recommending adaptive equipment, modifying home environments to ensure safety, and teaching patients new techniques to perform daily tasks more effectively without compromising their recovery. The goal is not only to assist patients in performing activities of daily living but also to promote self-management skills that will help them integrate back into their normal routines. The other options do not encompass the comprehensive scope of occupational therapy. While pain management strategies are important, they are typically handled by physical therapists or medical staff rather than occupational therapy. Strength training is a key element of physical therapy, which primarily focuses on increasing mobility and function rather than the activities of daily living. Nutritional advice, although vital for overall recovery, falls outside the typical purview of occupational therapy and is generally more aligned with dietitians. Therefore, the

2. Is the femur express workflow more accurate than the enhanced femoral workflow?

A. True

B. False

The femur express workflow is designed to streamline the surgical process, focusing on efficiency and ease of use, but it does not inherently guarantee improved accuracy compared to the enhanced femoral workflow. The enhanced femoral workflow utilizes advanced techniques and methodologies, which can lead to greater precision in the positioning of components during total hip arthroplasty. This workflow emphasizes detailed preoperative planning and utilizes sophisticated imaging and instrumentation to ensure optimal outcomes. While the femur express workflow may provide advantages in terms of speed and simplicity, accuracy in surgical procedures, particularly in joint replacements like THA, relies heavily on the meticulous assessment of anatomical landmarks and proper implant placement. The enhanced femoral workflow's approach is better suited for achieving highly accurate results due to its focus on detailed, individualized planning and execution. Thus, stating that the femur express workflow is more accurate than the enhanced femoral workflow is not accurate.

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3. Which is the best way to check if the cup has moved while putting the screws in?

A. Reduction results

B. Center of rotation

C. Cup plane

D. Broach tracking

The best way to check if the cup has moved while putting in the screws is by assessing the cup plane. This approach involves evaluating the orientation and position of the acetabular component in relation to the planned surgical goals. Maintaining the appropriate cup plane is crucial for ensuring optimal joint biomechanics and stability. If there has been any shift in the positioning of the cup during screw insertion, it would be noticeable in the alignment and angles of the cup plane. Monitoring the cup plane allows the surgeon to confirm that the acetabular component remains in the correct anatomical position, which is vital for achieving the desired center of rotation and preventing complications associated with improper alignment. This practice contributes to long-term implant success and functionality, ensuring that the hip joint performs effectively post-surgery.

4. When is the smart checkpoint workflow activated?

A. When the surgery begins

B. When you register the robotic arm post-operatively

C. When you register the robotic arm pre-operatively

D. When the reamer is powered on

The smart checkpoint workflow is activated when the robotic arm is registered pre-operatively. This step is crucial as it sets the stage for the robotic system to understand the specific anatomy of the patient and the planned surgical parameters. By registering before the procedure, the surgical team ensures that the robot is aligned with the patient's unique anatomy, which is essential for achieving precise and optimal outcomes during total hip arthroplasty. Activating the workflow at this stage allows for thorough verification of the surgical plan and alignment with the robotic systems, ensuring that all necessary data is captured before the operation begins, which is critical for successful execution during the surgery. This proactive approach minimizes the risk of complications and enhances the effectiveness of the robotic assistance throughout the procedure.

5. What is the typical recovery time post-THA?

A. 1 to 2 months

B. 3 to 6 months for full activity

C. 6 to 12 months with gradual improvement

D. 1 year or more depending on patient health

The typical recovery time after a total hip arthroplasty (THA) usually spans several months, and it is widely acknowledged that patients can generally expect to return to full activity within 3 to 6 months. This timeframe reflects the period during which individuals begin to regain strength, mobility, and functionality following surgery. Initially, most patients will undergo physical rehabilitation, which focuses on strengthening the hip and improving range of motion. During the first few weeks post-surgery, patients will gradually increase their activity levels, likely progressing from assisted mobility devices to unassisted walking. By the three-month mark, many patients experience significant improvements and can often resume light daily activities. By six months, a majority will have returned to most, if not all, of their pre-surgery activities, although this can vary depending on individual factors like age, overall health, and adherence to rehabilitation protocols. This timeline underscores the importance of following a structured recovery process that includes physical therapy and monitoring progress, which are vital for ensuring the best outcomes after THA. While some patients may continue to experience gradual improvement beyond six months, the expectation of returning to full activity aligns with the three to six month recovery window in most cases.

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6. Is it acceptable for the surgeon to stop impacting the cup if they verify visibly that the cup is fully seated?

A. True

B. False

In the context of total hip arthroplasty, it is indeed acceptable for the surgeon to stop impacting the cup once they have verified that it is fully seated. Proper seating of the acetabular component is crucial for the stability and longevity of the hip implant. When the surgeon can visually confirm that the cup sits flush against the bone and is correctly aligned, this indicates that the initial stability has been achieved. Continuing to impact the cup after it is fully seated can potentially lead to unnecessary trauma to the surrounding tissues and can compromise the fixation of the implant. Surgeons are trained to assess the position and orientation of the cup carefully; thus, relying on visual confirmation is standard practice. Additionally, they may also use other indicators, such as feel and sound, during the procedure to ensure that the cup is secure without excessive force. This diligence helps promote optimal recovery and functionality for the patient post-surgery.

7. Your surgeon is reaming and becomes concerned when he begins to see the white turn to red on the bone model. You can alleviate his concern by telling him that he has only reamed _____ mm past plan.

A. 2.3

B. 1

C. 0.5

D. 2

When the surgeon observes the change from white to red on the bone model during reaming, he is seeing the transition from the cancellous bone to the more vascularized cortical bone. This change can lead to concerns about the amount of reaming that has been performed and whether it has gone beyond the ideal limits set during preoperative planning. The correct answer illustrates that he has only reamed 1 mm past the planned depth, which signifies that the additional removal of bone tissue is relatively minor. A disturbance of 1 mm beyond the plan is often considered acceptable in orthopedic procedures, minimizing the risk of complications, such as inadequate fixation or compromised blood supply to the region. In surgical practice, it's crucial to stay within the planned dimensions for reaming since exceeding these limits can lead to instability or poor outcome scores. However, a variance of just 1 mm typically does not present significant concern, and it reassures the surgical team that adjustments can be made without severe consequences. Thus, indicating that the reaming depth has only marginally exceeded the plan helps maintain confidence in the procedure.

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8. What is an appropriate home modification for recovery from Total Hip Arthroplasty?

A. Installing a bidet for personal hygiene

B. Using assistive devices like grab bars in the bathroom

C. Removing all furniture to create open space

D. Securing all electrical cords under rugs

Using assistive devices like grab bars in the bathroom is an appropriate home modification for recovery from Total Hip Arthroplasty. Following the procedure, patients often experience limitations in mobility and may have difficulty maintaining balance during daily activities. Installing grab bars can provide essential support when transitioning in and out of the bathroom or while using the toilet or shower. This safety feature significantly reduces the risk of falls, which is particularly important during the recovery period when strength and coordination may be compromised. While the other modifications listed have their merits, they are not as directly beneficial for the specific needs during recovery from THA. For instance, installing a bidet may aid in personal hygiene, but it does not directly address balance and safety concerns. Removing all furniture could create an open space, but it may also lead to a lack of support systems, making mobility more challenging. Securing electrical cords is a good safety practice, but it does not have as direct an impact on the functional movement and support required during recovery as grab bars do.

9. When can patients typically resume driving after THA?

A. Immediately after surgery

B. Within 1 to 2 weeks after surgery

C. Within 4 to 6 weeks after surgery

D. After 3 months of recovery

Patients typically resume driving within 4 to 6 weeks after total hip arthroplasty (THA) for several important reasons. The recovery period involves healing from surgery, regaining strength, and ensuring adequate range of motion in the hip joint. During the first few weeks post-surgery, patients experience pain and limited mobility, which can affect their ability to react quickly in driving situations. Additionally, for those undergoing THA, it's crucial to establish sufficient control over the vehicle. The 4 to 6 week timeframe aligns with the healing progress and the point where many patients can manage their medications, which often include pain relievers that may impair driving ability. Moreover, specific factors like the side of the surgery, the individual patient's healing and strength regain may also determine when driving is appropriate. Typically, physical therapy and follow-up appointments with healthcare professionals will guide the exact timeline, but the 4 to 6 weeks post-surgery range is a general guideline supported by recovery protocols after THA.

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10. What is the primary function of the acetabular cup during Total Hip Arthroplasty?

A. To hold the femoral head

B. To stabilize the pelvis

C. To prevent dislocation

D. To facilitate movement in the joint

The primary function of the acetabular cup during Total Hip Arthroplasty is to hold the femoral head. The acetabular cup is a crucial component of the artificial hip joint, designed to replace the natural acetabulum of the pelvis. Its primary role is to provide a stable and appropriate socket for the femoral head to articulate within. This alignment is essential for maintaining joint function and facilitating smooth movement, as it directly interfaces with the femoral component. By securely housing the femoral head, the acetabular cup allows for normal physiological movement during activities such as walking, bending, and rotating. Its shape and construction are designed to support the biomechanics of the hip joint, ensuring that the forces transmitted through the joint are evenly distributed. This is vital for both the longevity of the implant and the overall success of the surgery, as it promotes proper function and minimizes wear over time. Other functions mentioned, such as stabilizing the pelvis or preventing dislocation, are secondary benefits resulting from the primary role of securely holding the femoral head within the acetabular cup. While they are important considerations in hip arthroplasty, they do not define the main purpose of the acetabular component itself. Similarly, while facilitating joint movement is

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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://thacompetency.examzify.com

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

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