

NBCE
MOCK BOARD QUESTIONS
CHIROPRACTIC PRACTICE

1. A 28 year old female professor first experienced numbness in the right arm which persisted for about 3 days then completely subsided. Couple of weeks later, she experience a right foot drop. This progressed over 24 hours and resolved in 10 days. She was fatigued, hypersensitive to light with diminished left visual field. She also experienced Lhermitte's sign. What is the diagnosis?
 - A. Amyotrophic lateral sclerosis
 - B. Multiple myeloma
 - C. Multiple sclerosis
 - D. Guillain Barre syndrome

2. Considering the case history above [# 1], which of the following investigations is the gold standard for diagnosis?
 - A. Lumbar puncture
 - B. Identification of spinal subluxation
 - C. CT Scan
 - D. MRI

3. As a Chiropractor, what can you do for the patient in question #1?
 - A. Muscle stretching, daily aerobic exercises especially aquatic, and adjusting.
 - B. Encourage the patient to be on a high residue diet and to take appropriate supplements particularly the B vitamins
 - C. Advise against taking hot show/baths
 - D. Advise patent to acquire a "cooling jacket"

4. A 40 year old carpenter presents with 3 months history of pain in the left forearm and the elbow. There was no trauma. The carpenter worked overtime and late hours to meet the deadline for his contract job. His symptoms began after that job. Initially the pain was felt as a mild ache but got progressively worse and more severe. Lifting, especially if the with the palm is facing down, increased the pain. Holding a cup of coffee became difficult. There were no swellings and the only positive finding was pain on pressure over the extensor muscles a finger breath below the lateral epicondyle with the elbow at 90°. Cozen's / Mills signs were positive. What is the likely diagnosis?
 - A. Lateral Epicondylitis
 - B. Medial Epicondylitis
 - C. Rheumatoid arthritis
 - D. Osteoarthritis

5. As a Chiropractor, which of the following would you do for the patient in question # 4?
- A. Application of ice or heat [which ever works best] to reduce the inflammation, transverse friction massage, Pulsed US, adjustments and advise on counter force brace during heavy lifting
 - B. A course of corticosteroids
 - C. A short course of NSAIDs
 - D. Decompression surgery
6. A 45 year old female patient presents with 6 months history of left shoulder and lateral arm pain radiating to upper back and neck. It began as a mild ache but progressively got worse with loss of motion without any known injury. In the last couple of months the pain became so severe that she was unable to comb her hair or hook her bra. There was pain at rest/activity. Sometimes the pain abated spontaneously but motion restriction remained. She could elevate the arm to 130° and abduct to 120 but unable to combined medial rotation/adduction or external rotation/extension. There was tenderness over deltoid insertion. Examination findings of the cervical region were within normal limits. Give the diagnosis.
- A. Rotator cuff
 - B. Adhesive capsulitis
 - C. Shoulder dislocation
 - D. Biceps tendonitis
7. Which of the following is your goal for the management of the patient in question # 5?
- A. Reduce pain
 - B. Reduce range of motion
 - C. Weaken contralateral muscles
 - D. Strengthen contralateral muscles
8. A 35 year old male patient presented with 1 day history of generalized right knee pain and swelling. He was playing soccer when he side stepped over the ball and fell down. He noted that the right foot was well planted on the ground and there was rotation at the knee. At that moment he felt a “pop” within the knee and a feeling like the knee was giving away. What is the diagnosis?
- A. Chondromalacia patella
 - B. Collateral ligament tear [complete]
 - C. Anterior Cruciate Ligament tear [complete]
 - D. Patellofemoral dislocation
9. Which of the following diagnostic imaging is most helpful to confirm your diagnosis?
- A. Conventional radiography
 - B. Ultrasonography
 - C. Magnetic Resonance Imaging
 - D. Computed tomography

10. A 30 year old male presents to your office with 2 months history of pain and paresthesia emanating from his left wrist and travelling down into his thumb, index and middle finger. He is a bowler and remarked that the pain interfered with the release of the bowling ball and worse after playing. On examination he had reduced grip strength, flattened thenar muscles and positive Phalen's test / Tinel's sign. The left wrist X-ray was normal. Give the diagnosis.
- A. Subclavian Steal disease
 - B. SLE
 - C. Carpal Tunnel Syndrome
 - D. Dislocation of the wrist joint
11. What is the spinal [neurologic] segmental level involved in the presentation of patient in question # 11?
- A. C4
 - B. C5
 - C. C6
 - D. C7
12. Your patient complains of pain within his shoulder joint complex that was reported to have come on from a direct traumatic blow to anterior shoulder unit while playing varsity football. Which of the following is the *Least* appropriate case management action?
- A. Obtain more history of the patient's injury
 - B. X-ray the shoulder joint complex
 - C. Observe the patient for ease of shoulder movement
 - D. Adjust the shoulder joint complex
13. Your patient presents to the office after having fallen down while running. She noted that she fell on her wrist and hand. The palm of her hand is badly scraped after coming in contact with the gravel. She also noted that her wrist is very painful. She appears diaphoretic, and lethargic. The best way to proceed after taking her history is?
- A. Orthopedic examination
 - B. Neurological examination
 - C. Radiographic examination
 - D. Laboratory examination
14. Your patient is a 50 yr old female school teacher who complains of severe headaches. She notes that a few times each month she gets this headache that is located behind her right ear and will migrate to the front of her head. The headache lasts for about 12 hours and being in a dark room with ice on her head seems to help. What would be the most appropriate case management action?
- A. Cat Scan
 - B. M.R.I
 - C. X-ray
 - D. Nutritional diary with log of occurrences of headaches

15. Your Chiropractic Assistant asks your opinion regarding her daughter who is 8 years old. She notes that the child is experiencing bloodshot eyes and is waking up with crust around her eyelids. The eye is painful and the child continues to rub her eyes despite the mother asking her not to do so. The most appropriate case management recommendation would be?
- A. Do laboratory work and include a CBC
 - B. No treatment is necessary. Advise the Assistant that this will probably go away
 - C. Refer to a Medical Doctor for prescriptive antibiotics
 - D. Adjust the patient's spine
16. Your patient is a 17 yr old male student that presents with severe abdominal pain. The pain is localized to the right lower quadrant of the abdomen. He ate a bowl of cereal and went to school. By noon he had a dull achy pain around his umbilicus. This caused him to skip lunch. He had a bowl of soup for dinner and went to bed early. He awoke and vomited. Lying on his side in a fetal position relieved his pain slightly. He noted that he never had this problem before and noted that his last bowel movement was 3 days ago. The most appropriate case management action would be?
- A. Cholecystogram
 - B. Perform abdominal palpation and include rebound tenderness
 - C. Stool testing for occult blood
 - D. KUB plain abdominal films
17. Your patient is a 75 year old male that is complaining of a dull lower back pain along with difficulty urinating. He notes that even after urinating he feels like his bladder isn't fully empty. The most appropriate case management action would be?
- A. Call 911
 - B. Use interferential therapy on his lower back
 - C. Perform trans-abdominal interferential therapy
 - D. Perform a PSA lab test
18. Your patient is a 48 year old male auto mechanic. He presents for treatment with mid back pain. No history of recent trauma. He notes that he believes that his problem has come on due to a chronic cough which he noted he has had for years. He is a smoker and has been for the past 30 years. He smokes 1 pack/day. The most appropriate case management action would be?
- A. Spirometry
 - B. Complete Blood Count
 - C. Chest X-rays
 - D. Electrocardiogram

19. Your patient is a 14 year old competitive diver. Her mom brings her to your office immediately after being pulled from the pool. It seems the child did a great dive but hit the top of her head into the bottom of the pool. She noted severe pain upon impact and she now notices anesthesia along the lateral forearm and 1st and 2nd digits. The most appropriate case management would be?
- A. Range of motion testing
 - B. Orthopedic testing
 - C. Neurological testing
 - D. Radiographic evaluation
20. Your patient is a 20 year old female. She stands 5'11" and weighs 120 lbs. She presently works as a model. Since spending a lot of time on her feet, she notices that lately she is developing pain in her right foot. She is concerned that this might affect her work performance. The pain seems to be located between the 3rd and 4th metatarsal heads. It is exacerbated by wearing of high heel shoes and protracted standing with her body weight being placed on the balls of her feet. The most appropriate case management would be?
- A. Perform Ankle AP-PA Drawer test
 - B. Perform Strunsky's test
 - C. Perform Advancement test
 - D. Perform Forefoot Adduction Correction Test
21. Your patient is a 56 yr old female that is coming to your office for regular Chiropractic care. You notice that her hands show haygarth and heberden nodes. There appears to be some ulnar drift as well. She notes that her mother has the same thing and that at times her hands are painful but she is able to function with activities of daily living. This is why she never mentioned it to you. The most appropriate case management would be?
- A. Casting of the hands
 - B. Anti-inflammatory diet
 - C. Silver salt injections
 - D. Amputation
22. Your patient is a 25 year old male with a complaint of stiffness. He was told that Chiropractic care is terrific for improving motion and he wanted to give it a try. His area of complaint is limited to his lower back and his Sacro-iliac joint. He noted that his father had similar problems and that he let it go. His father now walks bent over and has very limited motion. . The most appropriate case management would be?
- A. Order a HLA-B27 lab test
 - B. Order a Thyroid profile
 - C. Order a R-A Latex fixation lab test
 - D. Order a Complete Blood Count with Differential

23. Your patient is a 65 year old male who presents to your office with right sided knee pain. He notes that sometimes he feels like his knee “locks” and occasionally he feels like his knee is “giving away”. Orthopedically you perform the following tests, Slocum, Apleys compression and distraction, Valgus and Varus stress tests. All the results show them to be classically insignificant. You perform Wilson’s test and this proves to be provocative. The most appropriate case management would be?
- A. Removal of loose bodies within the knee
 - B. Knee exercises to strengthen the muscles around the knee to give support
 - C. Casting of the knee
 - D. Knee replacement surgery
24. Patient presents to your office 3 hours after M.V.A., patient did not go to hospital. Patient presents with severe neck and arm pain, and states “I feel like my head is going to fall off”, after a thorough history what would your next course of action be?
- A. Proceed to full spine examination
 - A. Send patient to hospital
 - B. Take cervical x-rays to rule out fracture
 - C. Ice and adjust patient after examination
25. Patient presents with low back pain that radiates down both legs, and is aggravated by walking. Patient is a 69 year old male with a history of two low back surgeries (discectomy and laminectomy) the last being 3 years ago. What is your diagnosis?
- A. Ischemic claudication
 - B. Failed Back Surgery
 - C. Neurogenic Claudication
 - D. Diabetes
26. Patient presents with severe cervical pain, 5 days duration with no history of trauma. Patient is a 62 year old female with a history of heart arrhythmias, and a pacemaker. Your treatment choice to relieve the pain would be?
- A. Ice and Interferential
 - B. Heat and Interferential
 - C. TENS and Ice
 - D. Ice
27. 49 year old patient presents with what she describes as numbness in her hands and feet, as though she’s wearing socks and gloves, noted in her history she states an increase in hunger, thirst, and weight loss. There are no significant findings upon examination or x-ray to correlate to her complaints. What is your next best recommendation to this patient?
- A. Begin chiropractic treatment
 - B. Laboratory tests to rule out diabetes
 - C. Recommend NCV and needle EMG
 - D. Use non-force techniques only

28. A 22 year old male presents with complaints of loss of sensation and numbness in both hands and across the shoulders. After a complete examination you suspect a spinal cord lesion, what would be your next course of action?
- A. Begin adjustments and in 4 weeks if there is no change refer out for testing
 - B. Begin adjusting with decompression traction
 - C. Send for an MRI, to rule out contraindications to adjustment
 - D. Refer out to Endocrinologist
29. In clinical practice it is a standard of care to perform re-examinations, these re-exams should be performed at a frequency of?
- A. Every other visit
 - B. Every 8 weeks at the most
 - C. At least every 4 weeks
 - D. At the patient's request
30. Patient presents with headaches that are exacerbated by exertion, extended computer work, and driving. Examination reveals myofascial trigger points in bilateral trapezius and levator scapula, and a severe +Z translation of the head. Your most likely diagnosis would be?
- A. Cluster headache
 - B. Cervicogenic headache
 - C. Myofascitis
 - D. Migraine headache
31. The Mercy guidelines and others suggest that uncomplicated cervical spine conditions usually resolve in how long?
- A. 8 weeks
 - B. 6 weeks
 - C. 4 weeks
 - D. 12 weeks
32. A good tool to use as a baseline measurement of patient status for the cervical spine is?
- A. Global Well Being Scale
 - B. Major Injuries Category
 - C. Neck Disability Index
 - D. Pain Disability Index
33. Peripheral nerve and nerve root disorders can be managed for?
- A. 6 weeks
 - B. Until resolution
 - C. One month
 - D. 90 Days

34. For acute uncomplicated cases of spinal pain, N initial trial of manual therapy should last?
- A. 10-14 days, 1-2 visits /week
 - B. 10-21 days, 1-2 visits/week
 - C. 10-14 days, 3-5 visits/week
 - D. 21-36 days, 4-5 visits/week
35. For a sub-acute episode of spinal pain of >6 weeks, and < 16 weeks, the treatment frequency should be
- A. Not to exceed 3x weekly
 - B. Not to exceed 1x weekly
 - C. Not to exceed 2x weekly
 - D. Not to exceed 1x weekly
36. Using the Leander Flexion Distraction protocol, the best success with treating scoliosis has been achieved by treatments lasting _____ minutes.
- A. 20-30
 - B. 15-20
 - C. 10-15
 - D. 5-10
37. According to the book "Table Assisted Adjusting", which of the following will help identify an Overcompensated Cervical Syndrome (OCS)?
- A. X - ray & Heel lifts
 - B. X - ray & Pelvic Blockers
 - C. X - ray & Taut and tender trapezius
 - D. MRI & Taut and tender gastrocs
38. When Geriatric patients present with any of the following symptoms...vertigo, positive George's, Hypertension, etc...Which Thompson protocol would best address the needs of the Geriatric population?
- A. Effleurage
 - B. Unilateral Cervical Adjustment
 - C. Bilateral Cervical Adjustment
 - D. P to A Cervical Adjustment
39. A seated cervical adjustment for a C5 PRS listing requires a
- A. A right distal-lateral index contact
 - B. A left pisiform Contact
 - C. A right metacarpo-phalangeal contact
 - D. A left cubital contact
40. In activator, a short leg means:
- A. Patient has anatomical short leg
 - B. Patient has a pelvic deficiency
 - C. Patient has a PI ilium
 - D. Patient has an AS ilium

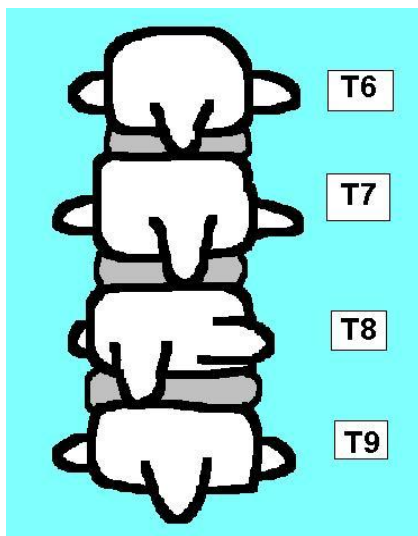
41. In activator, if the leg length goes short with a challenge, it means:
- A. The challenge was in the direction of correction
 - B. The challenge was in the direction of subluxation
 - C. There is a problem on the side opposite of the challenge
 - D. There is not a problem
42. In activator, when the patient squeezes your hand with their knees and there is a change in leg then this means there is a problem in their:
- A. Knee
 - B. Ankles
 - C. Pelvis
 - D. Spine
43. A quick spinal exam reveals tender spinous processes upon palpation at T3 & T4, the segmental contact point is:
- A. T2
 - B. T3
 - C. T4
 - D. T5
44. To adjust a PI ilium with a diversified type of adjustment, we have the patient:
- A. Prone
 - B. Supine
 - C. Prone with pelvic pad activated
 - D. Supine with pelvic pad activated
45. The correct contacts for adjusting a PI ilium is:
- A. The PSIS on the uninvolved side
 - B. The PSIS on the involved side
 - C. The PSIS on the involved side and contra-lateral ischial tuberosity
 - D. The PSIS on the involved side and the ipsi-lateral ischial tuberosity
46. To adjust a PI ilium, the doctor stands:
- A. On the same side
 - B. On the opposite side
 - C. At the caudal end of the table
 - D. At the cephalic end of the table
47. In activator, if a patient squeezes their elbow against their side and the leg length changes, this indicates a problem:
- A. With their elbow
 - B. With their shoulder
 - C. With their scapula
 - D. With their elbow and scapula

48. To adjust a left posterior C5, the segmental contact point is:
- A. The left transverse process of C5
 - B. The right transverse process C5
 - C. The left transverse process of C6
 - D. The right transverse process of C6
49. The sacrum has gone anterior & inferior the patient is to be positioned:
- A. With the involved side up
 - B. With the involved side down
 - C. With the patient prone
 - D. With the patient supine
50. If you are going to adjust a body left at L3, the patient is put which side up and what is the segmental contact point?
- A. Right side up and mamillary contact
 - B. Left side up and mamillary contact
 - C. Right side down and tvp contact
 - D. Left side down and tvp contact
51. When adjusting the Atlas, a right lateral atlas, the patient is positioned how?
- A. Supine
 - B. Supine with the head laterally flexed to the right
 - C. Supine with the head laterally flexed to the left
 - D. Prone
52. If your patient is lying on your table in a prone position and you notice that they are moving their right hand because it is tingling, what do you do?
- A. Ignore it and continue
 - B. Raise the head piece more into extension
 - C. Lower the head piece more into flexion
 - D. Adjust the patient and send them home
53. If your patient has a spondylolethesis at L5, you adjust them with the patient:
- A. Prone with a drop
 - B. .Supine with a drop
 - C. Side posture
 - D. Don't adjust them because it won't help
54. When performing the Superior Condyle technique the patients head is rotated
- A. 10°
 - B. 0°
 - C. 25°
 - D. 45°

55. Before performing the Bilateral Thenar Occiput technique the patient should be asked:
- A. About past history of migraines
 - B. Are they wearing contacts
 - C. Are they using a hearing aid
 - D. To raise their chin
56. The only difference between the Posterior Superior Occiput and the thumb cervical extension is
- A. Patient position
 - B. Doctor position
 - C. Contact point
 - D. Set up of adjustment table
57. When performing a Modified Combination Movement, what should the doctor be sure not to:
- A. Occlude nose & mouth
 - B. Split the inferior SCM
 - C. Occlude the external auditory meatus
 - D. Stress the TMJ
58. With the Crossed Bilateral Transverse Pisiform, the cephalad hand position is:
- A. Contralateral to the doctor
 - B. Ipsilateral to the doctor
 - C. Is underneath the caudad hand
 - D. Is above the caudad hand
59. The patient position with Transverso-Carpal is:
- A. Supine
 - B. Sitting
 - C. Prone
 - D. Side posture
60. With the Ilio-Genu Extension: Contralateral, the word Genu is another name for the:
- A. Elbow
 - B. Ankle
 - C. Wrist
 - D. Knee
61. All of the following are contraindications to performing the Transverso-Iliio lift except:
- A. Spondylolisthesis
 - B. Tropism
 - C. Hyperlordosis
 - D. Hypolordosis

62. The Master Cervical technique is appropriate for which vertebral levels?
- A. Lower Cervicals, C4 - C7
 - B. Upper Cervicals, C1 - C3
 - C. Appropriate for all cervicals
 - D. Only Occiput and C1
63. When performing a diversified adjustment, removing the slack takes the patient to what position in the normal range of motion?
- A. Active motion position
 - B. Passive motion position
 - C. Elastic barrier
 - D. Paraphysiological space
64. Upon palpation, the patient has a larger horizontal gap on the right. He/She has a:
- A. LL atlas
 - B. RP occiput
 - C. LP atlas
 - D. RP atlas
65. The Thoracic Extension #1 is best used when:
- A. The patient is bigger than you
 - B. The patient is much smaller than you
 - C. The patient has concurrent as well as thoracic vertebral movement
 - D. You do not want to compress the thoracic cage
66. Which cervical technic is a "traction" technic?
- A. Master Cervical
 - B. Calcaneal Cervical Break
 - C. Malar Posterior Articular
 - D. Rotary Cervical
67. What is the vector component common to all L.O.D.'s for all atlas listings?
- A. L - R
 - B. P - A
 - C. I - S
 - D. S - I
68. Where would the doctor's episternal notch be placed to adjust an ASRP listing?
- A. Over the E.A.M.
 - B. 1 ½ to 2 inches superior to the E.A.M.
 - C. 1 ½ to 2 inches inferior to the E.A.M.
 - D. 1 ½ to 2 inches posterior to the E.A.M.

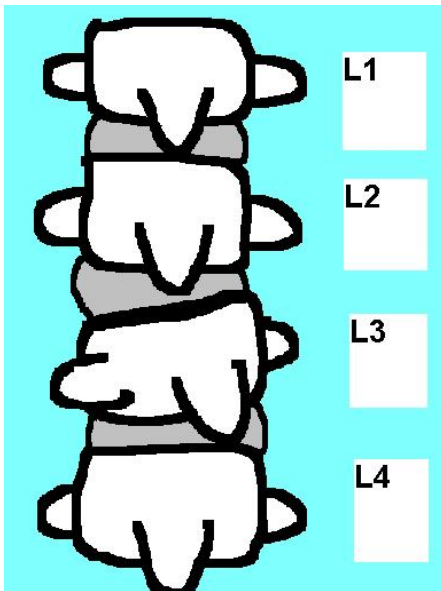
69. Which of the following muscles will control and achieve the appropriate depth desired and required when adjusting via toggle recoil?
- Triceps
 - Biceps
 - Anconeus
 - Pectoralis
70. Which muscle group is responsible for the speed of the toggle recoil adjustment?
- Triceps
 - Biceps
 - Biceps femoris
 - Rhomboids
71. How many times would you thrust using the institutional method of adjusting the spondylolisthesis?
- 6
 - 1
 - 2
 - 3



Please use the above diagram to answer the questions 72 – 75

72. Identify the listing:
- T6 RP
 - T7 LP
 - T8 RP
 - T9 LP
73. This listing represents:
- + Θ X
 - Θ X
 - + Θ Y
 - Θ Y

74. During palpation of this segment you would feel the greatest resistance when you push:
- P – A on the left transverse process
 - P – A on the right transverse process
 - P – A on the spinous process
 - A – P on the right transverse process
75. Correction of this subluxation would require a force to be applied in this direction:
- + Θ X
 - Θ X
 - + Θ Y
 - Θ Y



Please use the above diagram to answer the questions 76-79

76. Identify the most likely subluxated functional spinal unit:
- L1 – L2
 - L2 – L3
 - L3 – L4
 - L4 – L5
77. Identify the listing for that functional spinal unit:
- LPI
 - LPS
 - RPI
 - RPS

78. This listing is best described orthogonally by:
- A. + Θ X
 - B. - Θ X
 - C. + Θ Y
 - D. - Θ Y
79. To be complete this listing also needs to include:
- A. + Θ Z
 - B. - Θ Z
 - C. + Θ X
 - D. - Θ X
80. Gillet's Test is used to find a listing for the:
- A. Sacrum
 - B. Coccyx
 - C. Ilium
 - D. Ileum
81. Movement about the y axis and through the transverse plane
- A. Rotation
 - B. Lateral flexion
 - C. Flexion
 - D. X translation
82. Movement about the z axis and through the coronal plane
- A. Rotation
 - B. Lateral flexion
 - C. Flexion
 - D. X translation
83. Movement about the x axis and through the sagittal plane:
- A. Rotation
 - B. Lateral flexion
 - C. Flexion
 - D. X translation
84. The vertebral subluxation complex consists of all of the following phases except:
- A. Regional dysfunction
 - B. Segmental dysfunction
 - C. Instability
 - D. Stabilization
85. Segmental dysfunctions will have all of the following three significant findings during palpation except:
- A. Point tenderness or altered threshold to pain upon pressure.
 - B. Numbness
 - C. Loss of normal motion in one or more planes.
 - D. Contraction of para spinal muscles.

86. Represents the amount of joint movement allowable before injury to that joint occurs.
- A. Elastic barrier of resistance
 - B. Limit of Anatomical integrity
 - C. Paraphysiological space
 - D. Voluntary motion
87. For an occipital listing of PS-RS-RA, what would you expect to palpate during lateral flexion?
- A. Bilateral opening
 - B. Unilateral opening on left
 - C. Unilateral opening on right
 - D. Bilateral closing
88. During an atlas palpation, you find that you meet more resistance when you push lateral to medial on the right transverse process and more resistance when you push P – A on the left transverse process. What is the listing?
- A. ASLA
 - B. ASLP
 - C. ASRA
 - D. ASRP
89. The sagittal plane is best described as the :
- A. XY Plane
 - B. XZ Plane
 - C. YZ Plane
 - D. SG Plane
90. The coronal plane is best described as the:
- A. XY Plane
 - B. XZ Plane
 - C. YZ Plane
 - D. SG Plane
91. The transverse plane is best described as the:
- A. XY Plane
 - B. XZ Plane
 - C. YZ Plane
 - D. SG Plane
92. When evaluating the occiput, the Doctor will perform three movements— Anterior Glide / Posterior Glide, Lateral flexion, and A/P & P/A rotation. While performing Lateral flexion, what should the Doctor expect to find in a patient with normal range of motion?
- A. EOP should move toward the convexity
 - B. EOP should move toward the concavity
 - C. The vertical gap decreasing on the opposite side of lateral flexion
 - D. The vertical gap increasing on opposite side of lateral flexion.

93. When palpating your patient to find your SCP for an L3 mamillary adjustment:
- A. Find the PSIS, go to S2, then cephalad to L2 SP and out ½"
 - B. Find the PSIS, go to S2, then cephalad to L2 disc and out ½"
 - C. Find the PSIS, go to S2, then cephalad to L3 SP and out ½"
 - D. Find the PSIS, go to S2, then cephalad to L3 disc and out ½"
94. When palpating a prone patient to find your SCP for a T5-TVP single hand adjustment:
- A. Locate the inferior pole of the scapula, go straight across to the SP of T7, go up 2 SP's to T5, and go out 1 ".
 - B. Locate the inferior pole of the scapula, go straight across to the SP of T6, go up one SP to T5, and go out 1 ".
 - C. Locate the inferior pole of the scapula, go straight across to the SP of T7, go up 2 SP's to T5, go out 1 ".
 - D. Locate the inferior pole of the scapula, go straight across to the SP of T6, go up one SP to T5, count up two interspinous spaces and go out 1 ".
95. Motion Palpation Methods are used to
- A. Determine the joints in dysfunction and the specific direction of motion loss.
 - B. Alleviate pain by creating nociceptive input to the CNS.
 - C. Substantially increase motion to the motor segment.
 - D. Stimulate growth in disk endplate attachments by increasing strain along Sharpey's Fibers.
96. A long-lever adjustive technique involves a specific or general primary contact on the body part but the second contact is:
- A. Remote from the segment, forming a broad or long leverage system of forces.
 - B. Precisely placed as close as possible to the primary contact to produce short adjustive levers.
 - C. Irrelevant to the adjustment and can be placed in any location on the body.
 - D. Only necessary in adjustments requiring a recoil action.
97. A patient with a swollen disk would likely do best when adjusted
- A. In the morning after the disk has been under reduced axial load.
 - B. In the afternoon or evening after the disk has been under normal axial load.
 - C. At no time whatsoever.
 - D. Only after 3 months of intensive rehabilitation.
98. What is the vector component common to all L.O.D.'s for all atlas listings?
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 - B. P – A
 - C. I – S
 - D. S – I

99. Where would the doctor's episternal notch be placed for an ASRP listing?
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 - D. 1 ½ to 2 inches posterior to the E.A.M.
100. This line represents the attitude of the skull at the orbital level, at the same time allowing for detection of occipital condyle malformation.
- A. Ocular orbit line
 - B. Atlas plane line
 - C. Vertical median line
 - D. Superior basic line
101. The atlas is considered to be in a normal juxtaposition when the:
- A. A.P.L. is 2° above the listing line
 - B. A.P.L. is 2° below the listing line
 - C. A.P.L. is 6° above the listing line
 - D. Listing line is 4° below the A.P.L.
102. When evaluating Part I of the A – P open mouth view, what are you looking for?
- A. Axis laterality
 - B. Axis inferiority
 - C. Axis rotation
 - D. Atlas rotation
103. When evaluating Part II of the A – P open mouth view, what are you looking for?
- A. Axis laterality
 - B. Axis inferiority
 - C. Axis rotation
 - D. Atlas laterality
104. The method utilized to adjust a posterior lumbar is ...
- A. Single hand contact
 - B. Pisiform over thumb
 - C. Double thenar
 - D. Double thumb
105. When adjusting an EX ilium prone, what is your SCP?
- A. Lateral ischium
 - B. Medial ischium
 - C. Lateral PSIS
 - D. Medial PSIS

106. When testing the patient with the atlas rotational device (A.R.D.), you find a light displacement of 10" to the left of patient's center...with their eyes closed. This would indicate what type of listing?
- A. Right posterior atlas
 - B. Left anterior atlas
 - C. Left posterior atlas
 - D. Left lateral atlas
107. The correct patient position for a bilateral posterior atlas is:
- A. Chin slightly up
 - B. Chin slightly down
 - C. Neutral
 - D. Lateral flex to the left
108. When performing the occipital stretch, the Doctor should do which of the following?
- A. Keep their forearms parallel and aligned with the foot pad
 - B. Keep their forearms perpendicular to the patient's spine
 - C. Take a fencer stance at the head of the table and apply heavy double thumb pressure on the upstroke.
 - D. Keep their elbows out to the sides with their fingers pointing superior applying traction as the table goes into flexion.
109. When executing the axial thrust during a PLUS technique adjustment, you should use a lighter thrust on which listing?
- A. Bilateral anterior atlas
 - B. Bilateral posterior atlas
 - C. Lateral atlas
 - D. Rotated atlas
110. The flexion distraction motion of the table provides a pumping effect where?
- A. Only the lumbar area of the spine
 - B. To the lumbar and thoracic area
 - C. Primarily to the cervical area
 - D. To all spinal segments from the sacrum through the occiput

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QUESTIONS
CHIROPRACTIC
PRACTICE
ANSWER KEY**

1. C
2. D
3. A
4. A
5. A
6. B
7. A
8. C
9. C
10. C
11. D
12. D
13. C
14. D
15. C
16. B
17. D
18. C
19. D
20. B
21. B
22. A
23. A
24. C
25. C
26. D
27. B
28. C
29. C
30. B
31. B
32. C

33. A
34. C
35. A
36. A
37. C
38. D
39. A
40. B
41. B
42. C
43. D
44. C
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46. B
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72. C
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98. D
99. D
100. D
101. D
102. C
103. A
104. D
105. C
106. C
107. B
108. B
109. D
110. D