1. 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. Increase motion to the motor segment
   D. Stimulate growth in disk endplate attachments by increasing strain.

2. A long-lever adjustable 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 adjustable 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

3. 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
   (Plaugher, *Textbook of Clinical Chiropractic*, page 18)
   C. At no time whatsoever
   D. Only after 3 months of intensive rehabilitation.

4. Barlow’s Sign, performed by strongly pulling on the supine infant’s femur and then pushing the proximal end medialward, is a test for:
   A. Instability or dislocation of the femur in the acetabulum
   B. Laxity of the SI joint
   C. Meningeal inflammation
   D. Cerebral dysfunction

5. The normal flexion of hips and knees in an infant that is raised in a vertical suspension test is:
   A. Present from birth to approximately the 4th month
   B. Present from the 1st to 3rd year
   C. Present from the 5th to 8th year
   D. Absent when normal development is present

6. The Webster In-Utero Constraint Analysis and Reduction procedure
   A. Tests for and reduces a tilted uterus
   B. Tests for umbilical cord compression
   C. Tests and corrects the breech infant
   D. Tests and corrects for gestational diabetes.

7. A person’s state of health is primarily dependent on the body’s ability to:
   A. Recognize disease
   B. Adapt to a changing environment
   C. Receive environmental stimuli
   D. Respond to environmental stimuli
8. A patient presents with cervicogenic headaches, vertigo, and neck pain. Physical examination demonstrates excessive perspiration and multiple subluxations. A history of insomnia is also revealed upon further questioning. Which model is implicated?
   A. Parasympathecotonia  
   B. Segmental facilitation  
   C. Nerve compression  
   D. Proprioceptive insult

9. Which of the following chiropractic models best explains the low back pain and myospasms that accompany motor unit irritation?
   A. Compressive myelopathy  
   B. Segmental dysfunction  
   C. Somatosomatic response  
   D. Nerve root traction

10. Sneezing or coughing that increases posterior thigh pain points to which of the following mechanisms of segmental dysfunction?
    A. Nerve Compression  
    B. Dural torque  
    C. Axoplasmic aberration  
    D. Sympatheticotonia

11. Which of the following subluxation models is implicated if a large central disc bulges at the C4 level resulting in loss of vibration sense in the hands?
    A. Vertebrobasilar artery insufficiency  
    B. Nerve compression  
    C. Compressive myelopathy  
    D. Intraneural ischemia

12. The unresponsiveness of the skin to return to normal skin color following an adjustment in a patient who presents with Raynaud's phenomenon implies a failure of which mechanism?
    A. Discogenic  
    B. Viscervisceral reflex  
    C. Somatoautonomic response  
    D. Neuroimmunomodulation

13. Incomplete lumbarization is noted on radiography. Kemp's, Patrick Fabere's, and Hibb's are all positive for local pain. Neurologic testing is inconclusive. Which of the following is suggested?
    A. Neuroimmunomodulation  
    B. Viscerosomatic reflexes  
    C. Proprioceptive insult  
    D. Korr's fixation theory
14. The lines drawn on a set of cervical films indicate a misalignment of the atlantoaxialoccipital complex. Which of the following is usually cited as the primary mechanism for the rationale of the adjustive technique commonly applied?
A. Nerve compression
B. Segmental irritation
C. Sympathetic dystrophy
D. Compressive myelopathy

15. The lower flank pain that may accompany uterine disease can be attributed to which of the following reflexes?
A. Psychovisceral
B. Somatovisceral
C. Sympatheticosomatic
D. Viscerosomatic

16. A teenager with bronchitis and neutrophilia responds well to thoracic adjusting. Which of the following models best explains this phenomenon?
A. Sympathecotonia
B. Neurodystrophy
C. Proprioceptive insult
D. Autonomicosomatic reflexes

17. A child with chronic ear infections improves under chiropractic care. Physical examination indicates slight erythema of the tympanic membrane. What subluxation model is implicated?
A. Sympathetic atonia
B. Segmental facilitation
C. Proprioceptive insult
D. Neuroimmunomodulation

18. A 32 year old patient presents with a 3 year history of lower back pain. She also stated that it’s made worse by prolonged sitting at work. Irradiation of a Wilm's tumor produced premature maturation of the hemipelvis. Which of the following should be palliative while at work.
A. Shorten the hamstrings
B. Heel lift
C. Lengthen the quadriceps
D. Ischial lift

19. Which of the following is the least likely mechanism of nerve compression resulting in nerve root ischemia?
A. Disc prolapse
B. Vertebral subluxation
C. Vertebral fixation
D. Nerve root traction
20. Segmental hypomobility with concomittant aberrant joint mechanics is a key component of which of the following theories?
   A. Segmental dysfunction
   B. Compressive myelopathy
   C. Sympathecotonia
   D. Dural torque

21. Which of the following models of manipulable spinal biomechanical aberrations is most adherant to A.T. Still's original premise?
   A. Aberrant vascular and lymphatic supply
   B. Axoplasmic transport
   C. Nerve compression
   D. Intraneural microcirculation ischemia

22. Decreased macromolecule transport and antegrade flow implies which of the following subluxation models?
   A. Selye's GAS hypothesis
   B. Axoplasmic aberration
   C. Segmental facilitation
   D. Proprioceptive insult

23. Who was the founder of a technique noted primarily for the observation of respiratory patterns of the sacrum and cranial dura?
   A. Major Dejarnette
   B. George Goodheart
   C. Clarence Gonstead
   D. Arlen Fuhr

24. Cicatrix formation surrounding a spinal nerve root following prolonged mechanical deformation implicates which model of subluxation?
   A. Segmental dysfunction
   B. Cord compression
   C. Nerve compression
   D. Fixation theory

25. Radiography reveals a hemivertebrae at T7. Reported symptoms include tachycardia and gastroenteritis. Which model accurately represents the mechanisms indicated?
   A. Korr
   B. B.J. Palmer
   C. Gillet
   D. DeJarnette

26. Compression of the lateral horn would be unlikely to produce which of the following:
   A. Bell’s Palsy
   B. Menniere’s
   C. Horner’s
   D. Causalgia
27. Which of the following is not an original tenet of the subluxation first published by B.J. Palmer in the early 1900’s?
   A. Vertebral misalignment
   B. Foraminal occlusion
   C. Nerve pressure
   D. Fixation

28. Which of the following is most likely to cause segmental narrowing of a vertebral artery
   A. Aberrant axoplasmic flow
   B. Uncovertebral arthrosis
   C. Degeneration of the posterior joints
   D. Hypertrophy of the ligamentum flavum

29. Which of the following is not a characteristic of axoplasmic flow in neurons
   A. Macromolecule transportation
   B. Decreased nerve conduction
   C. Alteration of end organ growth
   D. Nerve growth factor

30. Congenital block vertebra predisposes a patient to which of the following models
   A. Proprioceptive insult
   B. Segmental dysfunction
   C. Somatosomatic reflex
   D. Dural torque

31. The idea of the “Safety Pin” cycle was described in the 1927 Chiropractic Textbook by:
   A. Ralph Waldo Emerson
   B. George Nelson Riley
   C. Ralph W. Stephenson
   D. Robert James "Bob" Keeshan

32. All of the following terms that have been used in literature to refer to the Subluxation except:
   A. Manipulable Lesion
   B. Metameric dysfunction
   C. Orthospondylodysarthritics
   D. Dislocation

33. Dr. Virgil Strange utilized "The State of the Organism" philosophical construct to help explain the constantly changing physiology state of the human body. The three main components of the "State of the Organism" are?
   A. The Triune of life, The Calisthenic Dynamic, & The Triad of Health
   B. The Monocausal Theory, The Triad of Health, & The Biological Spectrum
   C. The Triad of Health, The Triune of life, & The State of the Organism Equation
   D. The Biological Spectrum, The State of the Organism Equation, & The Calisthenic Dynamic

Principles of Chiropractic NBCE Mock Questions
34. The “Triune of Life” refers to
A. Down, Inside, Out
B. Intelligence, Force and Matter
C. Mind, Body, Spirit
D. Art, Philosophy, Science

35. The “Principle of Time” refers to
A. There is no process that does not require time
B. Time is a non-renewable commodity
C. Time is perceived through the innate of the patient
D. Time is neither limiting to nor adding to healing

36. There is universal life in all matter because
A. Matter is energy and energy is universal
B. Force is manifested by motion in matter and all matter has motion
C. Universal Life exists at all levels as does matter
D. Universal Life and matter are the same thing expressed in different forms

37. Who developed theories on stress and neuroendocrinology that impact the chiropractic model of dis-ease?
A. Gillet
B. Still
C. Selye
D. Goodheart

38. Who was the first chiropractor to use the term subluxation?
A. Solon Langworthy
B. D.D. Palmer
C. Oakley Smith
D. B.J. Palmer

39. The first textbook of chiropractic was co-written by which of the following?
A. B.J. Palmer
B. Mabel Palmer
C. R.W. Stephenson
D. Minora Paxson

40. Philosophy as a defense was first used successfully in the trial of which of the following chiropractors?
A. Palmer
B. Morikubo
C. Stephenson
D. Langworthy

41. The court case against the AMA for attempting to eliminate the chiropractic profession is known primarily as;
A. The Morris Case
B. The Wilson Case
C. The Wilk’s Case
D. The AMA Case
42. The concept of innate intelligence was first recorded in which of the following texts?
   A. The Chiropractor’s Adjustor
   B. The Chiropractic Textbook
   C. Modernized Chiropractic
   D. Green Book Vol.I

43. D.D. Palmer was influenced by and practiced which of the following prior to the discovery of chiropractic?
   A. Spiritualism
   B. Magnetic healing
   C. Osteopathy
   D. Eastern mysticism

44. Who was responsible for introducing radiography to the chiropractic profession?
   A. Joy Loban
   B. W. Remier
   C. Dossa Evins
   D. B.J. Palmer

45. The sound of the release of gasses from the synovial fluid during a manipulation is commonly referred to as?
   A. Coaptation
   B. Imbibition
   C. Cavitation
   D. G.A.S.

46. What is a goniometer?
   A. A meter in your office to check x-ray fluid
   B. A meter to check the rads produced by x-rays
   C. A meter to check the strength of plantar flexion
   D. An instrument to measure R.O.M.

47. Dolor
   A. Heat
   B. Redness
   C. Swelling
   D. Pain

48. Calor
   A. Heat
   B. Redness
   C. Swelling
   D. Pain

49. Rubor
   A. Heat
   B. Redness
   C. Swelling
   D. Pain
50. Tumor
   A. Heat
   B. Redness
   C. Swelling
   D. Pain

51. The gas content of synovium in the MCP joint was found to be primarily:
   A. oxygen
   B. nitrogen
   C. hydrogen
   D. carbon dioxide

52. Joint receptors include all of the following except:
   A. complex nerve endings
   B. free nerve endings
   C. Vater-Pacini corpuscles
   D. Red corpuscles

53. Which type of complex nerve endings is most common within the joint capsules and nearby ligaments?
   A. Golgi Tendon Organs
   B. Muscle Spindles
   C. Ruffini-type endings
   D. Coiled End Organs

54. According to Wyke, synovial joints have all of the following types of receptor nerve endings except?
   A. Globular corpuscles
   B. Conical corpuscles
   C. Nociceptors
   D. GTO's

55. According to Giles, which of the following structures are not innervated?
   A. Zygaphyseal Joint
   B. Synovial Fold
   C. Ligamentum Flavum
   D. Intervertebral Disc

56. Which of the following represents the velocity of Type A alpha nerve fibers?
   A. 120 meters per second
   B. 12 meters per second
   C. 1.2 mm per second
   D. 1200 meters per second

57. The intrafusal fibers of the muscle spindle receives what type of innervation?
   A. afferent type B
   B. afferent type A
   C. efferent type B
   D. efferent type A

Principles of Chiropractic NBCE Mock Questions
58. An average adult will shed approximately ______ particles of skin every hour?
   A. 60
   B. 6,000
   C. 60,000
   D. 600,000

59. What ligament is compromised in an anterior translation of the atlas on the axis?
   A. The alar
   B. The transverse
   C. The intertransverse
   D. The supraspinous

60. Meningeal torsion is primarily due to the attachment of which ligament to the dura mater?
   A. Anterior longitudinal
   B. Ligamentum flava
   C. Dentate
   D. Transverse

61. What is often the first chemical mediator in the inflammatory response?
   A. Platelets
   B. Plasma
   C. Macrophages
   D. Histamine

62. Which of the following is not a somatic structure responsible for neurologic reflex activity?
   A. Synovium
   B. Skeletal muscle
   C. Smooth muscle
   D. Facet joints

63. Of the following, which has no innervation?
   A. Joint capsule
   B. Ligamentum flava
   C. Intervertebral disk
   D. Smooth muscle

64. Increased sensory input into the spinal cord will most commonly cause;
   A. Aberrant visceral responses
   B. Hypertonicity of the paraspinal musculature
   C. Vertebral fixation
   D. Pain referral patterns

65. What acts as a hydrostatic ball bearing in the spinal cord?
   A. Nucleus pulposus
   B. Annular fibers
   C. Cartilaginous
   D. Transverse
66. Which of the following are more susceptible to compressive forces?
   A. Peripheral nerves
   B. Ligamentum flavum
   C. Cauda equine
   D. Dorsal nerve roots

67. Increased nociception leads to;
   A. Increased resistance to changing stressors
   B. Lowered thresholds via chemical mediation
   C. Increased neural static causing misfiring of synapses
   D. Sensitization of the nociceptive pathways via neuroplasticity

68. Which of the following is not an indicator for an upper motor neuron lesion?
   A. Hyperreflexia
   B. Clonus
   C. (+) Tromners
   D. Hypermetria

69. Lower motor neuron lesions may involve all of the following except;
   A. Paresthesia
   B. Fasciculations
   C. Dysmetria
   D. Atrophy

70. Blood vessels are controlled primarily by which branch of the nervous system?
   A. Sympathetic
   B. Parasympathetic
   C. Dorsal columns
   D. Cerebellar

71. Continuous excessive discharge of the sympathetic nervous system is known as;
   A. Hypertonus
   B. Sympatheticotonia
   C. Craniosacral dystrophy
   D. Lateral atonia

72. Which artery passes through the cervical spine and supplies the cerebrum?
   A. Basilar
   B. Vertebral
   C. Jugular
   D. Subclavian

73. Nerve growth factor is transported via which of the following structures?
   A. Myelin
   B. Nerve conduction
   C. Neural capillaries
   D. Axoplasmic transport

Principles of Chiropractic NBCE Mock Questions
74. Which of the following structures limits rotation in the atlantoaxial complex?
   A. Odontoideus
   B. Interspinous
   C. Alar
   D. Transverse

75. Sympathectonia requires all of the following components except:
   A. Increased sensory input
   B. Interneuron pools
   C. Paravertebral ganglia
   D. Anterior horn cells

76. Intervertebral disks are:
   A. Larger in the thoracic spine than in the lumbar spine
   B. Larger in the cervical spine than in the lumbar spine
   C. Larger in the lumbar spine than in other regions
   D. Largest between C1 and C2

77. The nerve roots and their sheaths occupy what percentage of the space in the IVF?
   A. 20%
   B. 25 – 35%
   C. 35 – 50%
   D. over 50%

78. Which ligament is implicated in the dural torque hypothesis?
   A. Transverse
   B. Dentate
   C. Alar
   D. Intertransverse

79. Compression of the ventral horn would be unlikely to produce which of the following:
   A. Anhydrosis
   B. Flaccid paralysis
   C. Hyporeflexia
   D. Atrophy

80. Artificial immobilization of joints shows all of the following pathological changes except:
   A. Osteophytic formation
   B. Intra – articular adhesions
   C. Adhesions between the capsule and the meningeal covering of the nerve root
   D. Increased intra-articular ATP production

81. Lora and Long found the following to be true… *Typical radicular radiation is not generated by stimulation of the nerves in and around the facet, but widespread referral of sensation even into the leg is possible.* Which pattern of referral was noted when the T12 – L3 facets were stimulated?
   A. Upward to thoracic spine; diffuse flank & groin pain; Coccyx
   B. Posterior hip; Posterior thigh; Coccyx
   C. Coccyx; Hip; Posterior thigh; Groin; Flank
   D. No leg or coccygeal pain; Radiating pain to the thoracic and cervical spine

Principles of Chiropractic NBCE Mock Questions
82. When evaluating the + / - θ Z Pelvic dysfunction, the Doctor will place his / her fingers on the superior lateral aspects of each ilium with the patient standing and they’ll determine the High and Low side. After the patient sits, the Doctor re-checks his / her initial findings. The Doctor found the following facts: **High Ilium on the Left...with the patient standing. Level Iliums with the patient sitting.** Which side and what muscle group would be most involved?
   A. High side ; Q.L. & Erector Spinae; Abdominal Obliques; Psoas
   B. Low side ; Quadriceps; TFL; Biceps femoris
   C. Either side ; Psoas belly
   D. Neither side

83. During the myofascial protocol, working the fascia of what muscle group will help prepare the subcapularis? (Note: The fascial restrictions of this muscle group can also cause side stitches & a low shoulder).
   A. Subscapularis
   B. Rhomboids
   C. Serratus Posterior
   D. Serratus Anterior

84. 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

85. 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

86. 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

87. The adjustment for the ERC (elevated rib cage) is most beneficial when the ___________ is present, and should be used as a clinical indicator for the timing of the adjustment.
   A. Bilateral clavicle elevation
   B. Bilateral rib elevation
   C. Tender reflex nodule found in the 2nd intercostal on the involved side
   D. Tender & tight gastrocs

88. A right sacral subluxation will tell the Doctor that the base of the sacrum has Subluxated:
   A. Posterior and superior on the left
   B. Posterior and inferior on the right
   C. Anterior and superior on the right
   D. Anterior and inferior on the left
89. An EX ilium will usually present with a:
   A. Toe out foot flare
   B. A flat PSIS
   C. Toe in foot flare
   D. A narrow obturator foramen

90. An IN ilium will present with:
   A. Toe in foot flare
   B. A prominent PSIS
   C. A wider obturator foramen
   D. A flat PSIS

91. This line represents the attitude of the atlas in the horizontal plane line.
   A. Ocular orbit line
   B. A-P longitudinal skull line
   C. Inferior basic line
   D. Listing line

92. Scissors gait best demonstrates a
   A. shortening of one of the extremities
   B. weakness in the glute maximus
   C. paralysis or spasm of the hip adductor muscles
   D. injury to either ankle

93. The spine has all of the following fundamental physiological functions except:
   A. Transfers weight from the head and trunk to the pelvis.
   B. Provides for flexible motion between these three parts.
   C. Protects the delicate spinal cord from potentially damaging forces.
   D. Acts as the storehouse of nutrients for the nervous system.

94. The cervical spinal column is composed of 7 vertebrae, some of which are considered typical and some atypical. All of the following are considered typical except:
   A. C4
   B. C5
   C. C6
   D. C7

95. The C7 spinal nerve emits or exits the IVF between which two vertebrae?
   A. C6-C7
   B. C7-T1
   C. Neither
   D. Both

96. Posterior deviations from the Y-axis is called:
   A. Scoliosis
   B. Kyphosis
   C. Lordosis
   D. Hypophosis
97. The functional spinal unit is made up of two adjacent vertebrae and the ligamentous and soft tissue elements that connect them. All of the following ligaments span more than one functional spinal unit except:
   A. Ligamentum Flavum
   B. Posterior Longitudinal Ligament
   C. Anterior Longitudinal Ligament
   D. Supraspinous Ligament

98. The vertebral subluxation complex is made up of all of the following except:
   A. Kinesiopathology
   B. Biomechanical abnormalities
   C. Myopathology
   D. Neuropathology

99. Force that is perpendicular to the surface on which it acts best describes:
   A. Shear Force
   B. Tortional Force
   C. Normal Force
   D. Gravity

100. Force that is parallel to the surface on which it acts best describes:
     A. Shear Force
     B. Tortional Force
     C. Normal Force
     D. Gravity

101. The property of a material to return to its original form following the removal of load:
     A. Plasticity
     B. Elasticity
     C. Viscoelasticity
     D. Histeresis

102. Which of the following types of disc injuries do not present with some form of sciatica?
    A. Type I
    B. Type II
    C. Type III
    D. Type IV

103. The dentate ligament is composed of _____.
     A. Pia mater
     B. Dura mater
     C. Arachnoid
     D. Perisostia

104. Due to the phenomenon of coupled motion, when your patient laterally flexes to the left, the spinous process of T3 tends to:
    A. Go to the left
    B. Go to the right
    C. Go superior
    D. Go inferior
105. If the same patient laterally flexes to the right, the L3 spinous process tends to:
   A. Go to the left
   B. Go to the right
   C. Go superior
   D. Go inferior

106. If your patient was complaining of a shooting pain down their left leg and they said they felt some relief when then leaned over to the right, you would probably suspect which kind of discal injury?
   A. Type II
   B. Posterior medial herniation on the left
   C. Posterior lateral herniation on the left
   D. Anterior lateral on the right

107. All of the following make up the vertebral disc except:
   A. Anulus fibrosis
   B. Vertebral endplate
   C. Nucleus pulposus
   D. Posterior longitudinal ligament

108. Patient presents with complaint of neck pain. After a thorough exam and x-ray you have identified the listing as C4 LP. Which of the following would be the same listing with a different name?
   A. C4 BL
   B. C4 BR
   C. C4 PL
   D. C4 RP

109. +θY rotation of C1 on C2 is coupled with
   A. -θZ rotation
   B. +θZ rotation
   C. +Y translation
   D. –Y translation

110. Patient has a left posterior lateral disc herniation causing pain down the left leg. Which position would tend to be more antalgic?
   A. Forward flexion
   B. Lateral flexion to the left
   C. Lateral flexion to the right
   D. Extension
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